

RED ROVER

NAVAL HOSPITAL OAKLAND



me 1, Number 1

November 17, 1989

SHS Oakland Det. celebrates first year



Lieutenant Commander Thea Bratton and Hospital Corpsman Ap-
ce Jason Rogers cut the ceremonial cake that highlighted
the anniversary celebration of the founding of the Naval School
of Health Sciences Oakland Detachment recently. The detachment
is the only preventive medicine and basic X-ray schools in
the Navy, operating room technician school, and the clinical phase
training for physical therapy and medicine. As part of Naval
Hospital, Oakland, it has been around since 1950. Last year, on
November 1, the "Advanced" Schools for Hospital Corpsmen became
a detachment of the Naval School of Health and Sciences, whose
quarters is located in San Diego. However, the detachment
receives services from the hospital as agreed upon under the
terms of a Support Agreement. For example, the operating room
technician students learn the ropes of their trade on the job at the
hospital. Bratton serves as the school's Officer-in-Charge, while
Rogers is the school's youngest student.

(Photo by SN Mark Herrington)

BLS training at NHO in full swing

By JO1 Dan Guiam

A hospital is always considered in the high risk environment category says health experts, and Naval Hospital, Oakland is no exception. If a patient or even a visitor experiences cardiac arrest in the snack bar or any remote areas of the hospital, the nearest person should be able to come to the rescue. To be able to respond to this emergency satisfactorily, one needs to know the rudiments of Basic Life Support (BLS) or what is popularly known as Cardio Pulmonary Resuscitation (CPR).

"It's one of the most basic life savings skill that we need to know," said Commander Pamela Murphy, Head, Education Department at Naval Hospital, Oakland. "A great number of people know that. It's a 'criminal offense' for medical people to know half as much. Patients come to Oak Knoll and expect to be treated with correct procedures."

The move to certify or recertify hospital personnel who provide direct patient care, either diagnostic or therapeutic, as mandated in Naval Medical Command Instruction 1500.8 and Secretary of the Navy Instruction 1500.10, is in full swing in Oak Knoll. CDR Murphy and her assistant, LCDR Carol Bohn, have come up with a new improved and more practical BLS

course in light of the percentage of certified personnel decreasing to an unacceptable level. Now there is no justifiable reason that individuals cannot certify or recertify at this command.

"We made the required education as convenient as the health care providers need it to keep them operationally ready," said Bohn.

The previous course took between six and eight hours to complete, and it covered needless details that do not require renewal every year. Now it's only four hours long, and repetitious subject matter was taken out without sacrificing the quality of the training. To top that, it's offered every

Wednesday from 8 a.m. to 12 p.m. right here in the hospital.

"The previous course had a lot of anatomy and physiology, and was offered outside the hospital (Bldg 75)," Bohn added. "It was also too far away, wasn't offered very often, and you had to register for it. Seats were limited and students were forced to sit through and hear repetitive materials."

"We made it more frequent, eliminated registration," Bohn continued. "They can come down at any time, or when they're free to attend the class. All they have to do now is pass the written exam, correctly perform the BLS skills on an infant, children and

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Lieutenant Commander Carol Bohn of Education and Training Department checks off hospital personnel on the needed skills and expertise to qualify for BLS.

(Photo by JO1 Dan Guiam)

Hospital to undergo major renovation

Naval Hospital, Oakland, begins a major renovation project starting early in 1990. The renovation will result in a safer, more modern facility for the hospital's patients and staff.

The hospital modification project, called P-122, will take approximately two years to complete. The hospital will continue to provide full health care service.

"There will be some inconveniences, but the planning committees are doing everything to minimize the problems," said Commander Gary Schick, the hospital's

director for administration. "The end result will be a more modern and safer facility for our staff and beneficiaries."

The project will include a new sprinkler system in the hospital; the replacement of doors to meet fire safety codes; relocation of the quality assurance department; and the upgrades of emergency room and primary care clinic, among others.

The command is in the process of leasing a modular building to be used as the emergency room during the construction. Also relocation in a modular building near the

outpatient entrance are CHAMPUS representatives and the hospital's health benefits advisors.

Currently, the hospital's main entrance is being renovated to increase energy efficiency in the lobby area. This project began in late August, and is not part of "P-122." It involves the construction of a metal and glass vestibule.

Visitors and patients are reminded to enter the hospital from the west entrance near the outpatient emergency room area.

The saga of Red Rover continues

By Andree
Marechal-Workman
RED ROVER Staffwriter

The battle of New Orleans was raging. Canons were roaring, the crackling of exploding shells was deafening.

All at once the pandemonium broke. Silence crept over the landscape and faint echoes of children chanting could be

time that ever floated and is (in) every way a decided success," wrote Captain Wise, Assistant Quartermaster of the Red Rover in 1862. "She has bathrooms, laundry, elevator for the sick from the lower to upper deck, amputating room, nine different water-closets, gauze blinds to the windows to keep the cinders

is, then, to see the builder of the Red Rover as a patriot — as Cooper's fervent admirer, who named his ship in homage to a contemporary hero.

After its capture from the Confederacy, Red Rover was transformed into a fully equipped medical facility and attached to the Navy with the Western Gunboat Flotilla in October 1862.

Commissioned on December 26, it carried a crew of 12 officers, 35 enlisted, about 70 medical personnel and is distinguished as having had the first female nurses (and the first black nurses) serving aboard — Sister Angela and her nuns from the order of the Holy Cross.

Red Rover's civil war service history is one of steady diligence. She sailed up and down the Mississippi River while a staff of dedicated medical personnel cared for the casualties.

Navy Ships History records that, in 1863, Fleet Surgeon Ninian A. Pinkney made the Red Rover his headquarters ship. "... from her flowed the orders, correspondence, pleas and action of this remarkable man as he overcame the many difficulties and problems obstructing the best care and interest of the Navy sick and wounded of the Mississippi Squadron," the History tells us.

Meanwhile, the gallant ship continued her mission of mercy. She reached Mound City, Illinois in December 1864 — her mooring site until her last day of service on November 17, 1865.

Stripped of her gun and iron-plate, Red Rover was sold at public auction in Mound City for \$4,500.00

And so ends the saga of the Red Rover. But she is not forgotten. She lives on in the consciousness of the men and women of the U.S. Navy who know of its history. She may live on in American literature; in English children folklore and the Red Rover tug of war chant.

But, most of all, she lives on in the pages of Naval Hospital, Oakland's newspaper, our own Red Rover.

*James Fenimore Cooper, *Red Rover, (Tales of the Sea)*, U. of Nebraska Press, 1963, (Library of Congress Catalog#63-14695), with Introduction by Warren S. Walker.

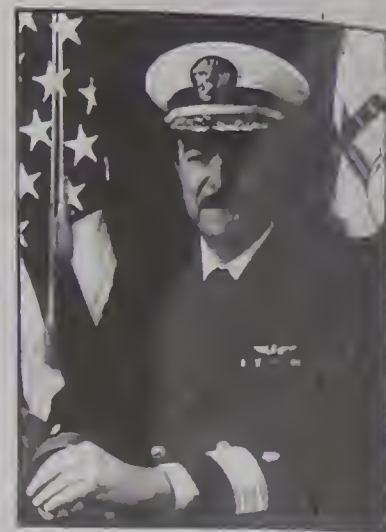
From the Commanding Officer RADM David M. Lichtman

Today marks the first issue of Red Rover, Oak Knoll's official base newspaper. As with other important events worthy of emphasis, this edition is a welcome sight and a vital communication tool in our commitment to keep you informed.

We hope the information in Red Rover will play a significant role in your career while you are assigned to the hospital.

I and key officials of this command will utilize Red Rover periodically to communicate our mission and to inform you of what's happening in the Navy in general, and in Navy Medicine in particular. Red Rover will be especially useful at this time, when Navy Medicine is undergoing a major reorganization to make it more responsive to its health care beneficiaries.

Red Rover is your newspaper too. We want to hear from you. Communication is only effective as a two-way process that provides feed-back. I am fully aware that each one of you has



brought to Oak Knoll unique qualities and expertise that significantly contributes to making our command a special place. We want to hear your thoughts and your ideas. Share them with us — we need concrete, innovative ideas to breathe new life into our revitalized Navy Medicine.

Let's all make Red Rover a truly informative and meaningful paper. After all, you'll be seeing it every two weeks while you're here at Oak Knoll.

From the Executive Officer CAPT J. W. Bartlett

Yes it's true — Ole Captain Bartlett is back from Bremerton. While Bremerton was great, my reception here reminds me what a "Special Place" Oak Knoll is. Your smiles and warm welcome have made a difference for me. Today let me share four thoughts that can help us grow.

Leadership: I consider this to be the most critical element in achieving the success of any military organization. Leadership, to me, means the art and technique of influencing people to work together with enthusiasm, dedication, and skill toward the achievement of a common goal. In order to accomplish our goal we must experience common leadership traits at all levels; traits including integrity, professional knowledge, self-confidence, enthusiasm, clear communication, persistence, and determination.

Part of my leadership style will be delegation of authority to subordinates to perform specific tasks. I will try not to micromanage. I will give you the authority necessary to do your job; but remember, responsibility accompanies this authority; together, working as a team, we will get the job done.

Communication: Is vital to the smooth function of a command. Every person has the right to know what is happen-



ing, what is going to happen, and what is expected of them. Communication is a 2-way street. We must all share our plans, problems, needs, ideas, and suggestions. Clear communication is everybody's responsibility.

Inherent in communication is the concept of chain-of-command. We all should understand it and use it.

Discipline: Both self imposed and system imposed is absolutely essential to the proper function of any military organization. Discipline means the intelligent obedience of each individual to the high standards of military professionalism which promotes the effectiveness of the group and the performance of duty. The basic tenets of good order and discipline include:

- Enforceable orders
- Effect at the lowest level possible
- Minimum corrective action

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The steamer Red Rover

heard in the distance, "Red rover, red rover...let Abigail come over...red rover...come over...verrrr." The battle was over, the Federalists had won, and southern ships were being seized.

When the Union Army captured the river steamer, Red Rover, from the Confederacy at New Orleans in April 1862, the U.S. Navy acquired more than its first hospital ship. It acquired the inspiration for the name of the base newspaper for one of its best medical facilities — Naval Hospital, Oakland.

According to Navy historical records, the Red Rover was the marvel of her time — a genuine floating palace for the wounded — and it is fitting that her name should be associated with a very special place of our time — Oak Knoll Naval Hospital in Oakland, California.

"She is decided to be the most complete thing of the

and smoke from annoying the sick, two separate kitchens for the sick and well, a regular corps of nurses..." And, unlike contemporary hospital ships, "she was armed with a 32-pound gun," according to Navy Ship History records.

Red Rover was built in Port Girardeau, Missouri in 1859. The origin of its name is unknown; however, a popular nautical tale about the American Revolutionary War entitled Red Rover provides an important source of speculation. Written by James Fenimore Cooper in 1827, it draws upon seafaring folklore, and concerns a friendly buccaneer — someone Warren S. Walker calls "a hero villain...an American revolutionary born several decades too soon."*

According to Walker, at the time "...American readers responded readily to tales of buccaneering for the subject had become entwined with the history and legend of the new nation." How tempting it

RED ROVER

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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November 17, 1989

Red Rover

Base swimming pool to reopen

By Diane LaMacchia
Public Affairs Officer

The prospect of a swimming pool by Memorial Day and cable TV on the base drew applause from residents assembled for a town meeting on October 11. About 45 people attended the 6:30 p.m. meeting in the clinical assembly, where "Mayor" David M. Lichtman addressed their concerns.

"Being a resident of the town myself, I wanted to meet you," Lichtman said. He introduced the audience to resource people on his staff at the hospital, including Captain Kelly, Director for Resources; Captain Barry, Director for

Community Health Care; Commander Schick, Director for Administration; Commander Griffin, Director for Logistics; Lieutenant Commander Smith, Director for Base Operations; Lieutenant Commander Gibbons, Head of Operating Management; Master Chief Stewart, Command Master Chief; Margaret Perry, Housing Manager; and Marie Spencer, Navy Exchange Manager.

Lichtman said a child care center for Oak Knoll is high on his priority list, as is the upgrading of Morale, Welfare and Recreation programs and the consolidation of the Enlisted and Officer's Clubs.

He told residents there will be a section in this newspaper to specifically address their concerns.

Issues raised by residents and speakers included window washing; how to deal with people who leave trash in the wrong spot; where to put large objects the trash people won't haul away; the security reasons for ID checks at the gate; and speed bumps for children's safety.

About 800 people live on the base. Admiral Lichtman asked those who attended to encourage their neighbors to come to the next meeting.

From the Command Master Chief HMCM Mike Stewart

Our concerted response to the earthquake disaster that recently hit the Bay Area was incredible. Once again it demonstrated our adherence to doing our jobs the best we can. Like precision clockwork, you took your skills and expertise to the scene while the hospital remained operationally ready to receive military and civilian casualties. You brought the very best in you — living up to Oak Knoll's reputation as a "very special place."

I'd like to take this opportunity to thank everyone for their courage and fine performance, especially those who were directly involved in the extrication effort at the I-880 Cypress Freeway collapse. I'm indeed proud of all everyone did to provide assistance to the local community in the aftermath of the earthquake. Many worked long hours without a word of complaint. Your team spirit and human compassion helped to comfort the



victims and their families and brought smiles to the many people of Alameda and Oakland who saw us care for our fellowmen.

I have said it before and I'm going to say it again: The Navy was nice enough to put all the best sailors at Naval Hospital, Oakland, and its branch clinics. I'm very proud to have been given the opportunity to represent all of you to the Admiral. Keep up the good work.

Same Day Surgery

By Evelyn D. Harris
American Forces Information Services

Surrounded by men and women in green scrub suits and masks, a tiny, shrouded figure lies on the operating table with only an ear and some blond hair visible. It's Andrea Alexander, daughter of Don and Debby Alexander, and Naval Reserve medical personnel are putting tubes in her ears, a common operation for young children with a history of frequent ear infections.

Andrea's operation was performed on a Saturday as part of the Same-Day Surgery Program, in which reserve medical personnel from around the San Francisco Bay Area "take over" the ambulatory surgical ward one Saturday a month.

Although the patient was too young to comment on her operation, Andrea's mother said, "Everything was really well-organized. I was scared about her operation before, but everyone was so informative. I liked the way they had all the families in the same room so the children could entertain each other while we waited for the operation. Also, we like the convenience. My husband is a chief selectee and is very busy with that, so it was good for Andrea to have her operation on Saturday."

Navy Reserve Capt. Nancy Fackler, NC, who helped set up the program as a project for her reserve detachment is pleased with the program and hopes other military hospitals will set up programs like it. Said Fackler, "People from the Navy Hospital in San Diego have come up here to talk to us, and they're planning to start a program similar to ours. We also expect that Army Reserve doctors who report to Letterman (Army Medical Center), which is part of the

San Francisco Joint Military Medical Command will join in our program. This concept does not have to be limited to surgery — it can be used to expand use of outpatient facilities. It's also a good recruiting tool. I've recruited an experienced civilian operating room nurse who joined the Navy Reserve because of this program and other reservists have lined up recruits as well."

Air Force Lt. Col. Donna Owan, a DoD official who works on programs aimed at reducing the military's medical and particularly its nursing shortage by recruiting more reservists, is enthusiastic about programs like Reserve Same Day Surgery. "These are the kinds of opportunities that can win people over. Medical people want to add new health care skills or improve the skills they already have by using them in a military situation. If civilian nurses know they can join a program like this and do work that's really needed, they're likely to sign up," said Owan.

Navy Reserve Cdr. (Dr.) Barbara O'Hara, the anesthesiologist during Andrea's operation, agrees. "I'm more interested in doing things than in sitting in a class and learning second-hand. The active duty people like it also — we don't have to interrupt them — reserve nurses and corpsman do all the running around."

Another reservist, Petty Officer Third Class Penny Ragan Harley, an EKG technician in civilian life who prepared the small patient for her operation, said reservists like the program because, "We're really needed here. We're also making it much more convenient for the patients and their families."

It can also save the government money. According to Navy Reserve Capt. Janiece S.

Nolan, NC, by July 1989, (after seven Saturdays of reserve surgery) the program had already chalked up more than \$62,000 worth of surgery. Much of that money would have had to come from CHAMPUS to pay civilian doctors for the operations.

An unusual aspect of the Oakland program is that the participants are not all in the same unit. Although they remain assigned to their parent units for administrative purposes, participation in the program is on an individual basis. Some of the reservists in the program are part of regular drilling units, while others are individual mobilization augmentees.

However, all of them are operating in the departments where they would practice if they were mobilized, and they are united in their enthusiasm for the program. One Individual Ready Reserve nurse joined a drilling unit just so she could participate more regularly in the program. Reservists totally staff the same-day surgery program — doing everything from admission to serving as surgeons, anesthesiologists, operating room nurses and technicians to staffing the recovering room. They even have their own pathologist.

As far as the members of the reserve detachment which designed the program (Naval Medical Command NW Regular Detachment 520) know, this is the first time a program like this has been carried out in a peacetime military hospital.

Fackler said, "Because we draw on staff from all over a large Readiness Command, we need an extremely well-organized reserve liaison officer to help our program director, Reserve Cdr. Deborah Nelson, NC, and physician coordinator, Reserve Capt.

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CO serves staff on Navy's 214th Birthday



RADM David M. Lichtman, Commanding Officer, Naval Hospital, Oakland (NHO), and CAPT Paul D. Barry, Director of Community Health at NHO, take time off from their busy schedule to serve lunch in the dining hall during the Navy's 214th birthday celebration. CAPT Joan "B" Glass, Director of Nursing Services, was also on hand to lend a helping hand. (Photo by SN Mark Herrington)

Earthquake '89

Hospital assists in I-880 extrication



Civilian and Navy rescue workers look over the destruction from the superstructure.



RADM David M. Lichtman surveys the collapse neighborhood with his staff.



Rescue workers cut through the wreckage.



Cables and other rescue equipment shore up a side of the collapsed freeway.



EMT instructor LCDR Alison Mueller works with civilian and Air Force para rescue team to extricate and identify victims.

(Photos by HM1 Philip Goodrich, USN)

November 17, 1989

Zero tolerance drug abuse program

By Andree
Marechal-Workman
Red Rover Staff Writer

Naval Hospital, Oakland, is more serious than ever about implementing the Chief of Naval Operations (CNO) zero tolerance substance abuse control and prevention program. No wonder the incidence of drug use has decreased dramatically.

"Enforcement has tightened up recently," said Chief Hospital Corpsman Hattie Brearton. "Last week we had two captain's masts. Both were for first offense, and for both we recommended an administrative discharge."

Chief Brearton is the hospital's Drug Abuse Program Advisor (DAPA). She is responsible for the coordination and implementation of the overall program. In addition, she advises Rear Admiral David M. Lichtman, the hospital's commanding officer, regarding the administration of the program and conducts on-board screenings of all active duty staff personnel identified as alcohol or drug abusers.

The DAPA also initiated appropriate referrals for level of treatment indicated by the severity of the substance abuse problem; provides Level 1 counseling and education; serves as command self-referral agent; and monitors after-care programs recommended by the Rehabilitation Center or CAAC Center. Finally, she monitors the antabuse program; maintains required

documentation and submits reports in accordance with Operational Naval Instructions (OPNAVINST) 5350.4A.

Brearton may appear warm and compassionate, but anyone who is fooled into thinking she is soft on abusers is mistaken. She takes her job very seriously and "goes by the book."

"Enforcement is especially critical for hospital corpsmen because, when they abuse drugs, they violate the corps' creed," Brearton said.

How do they violate the creed? "When you take drugs you are not giving the best care possible to your patients," she explained. "And when you are not doing the best you can, you are putting two people in danger — you and your patient."

According to Brearton, alcohol and drugs are glamorized in TV and magazine advertisements. Handsome, affluent-looking actors are depicted in drug and alcohol scenarios that send confusing messages to young, lonely sailors away from home.

They are not shown the negative effect of drugs — the painful withdrawals, the dirty needles, the dealing in poor neighborhoods, she said. All they see is the glamour, and they're vulnerable to that kind of pressure.

But Naval Hospital, Oakland, wants to make sure CNO's message is clear: There's nothing but grief in

store for those service members who do not heed the zero tolerance warning.

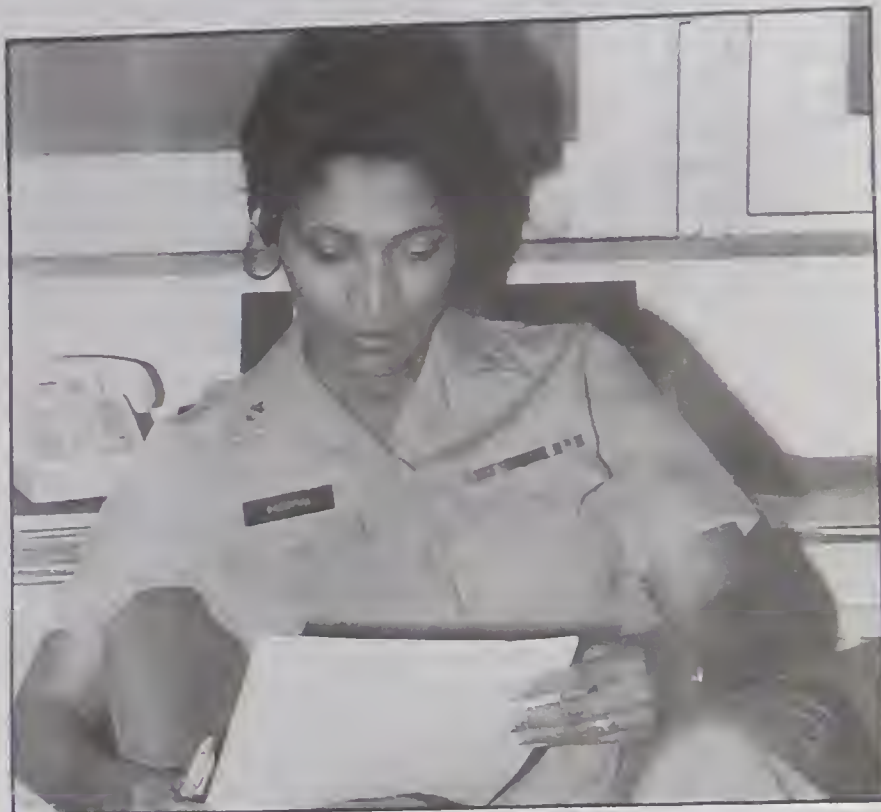
Naval Hospital, Oakland's, NAVHOSPOAKINSTS are un-categorical on the subject: "Maintenance of high standards of performance and military discipline are essential to the Navy's fulfillment of its operational mission. The use of illicit drugs or the abuse of alcoholic beverages undermines the Navy's efforts to maintain safety standards, loyalty, pride, professionalism, and combat readiness," the manual states.

Besides alcohol, marijuana and cocaine, prescription drugs such as codeine and amphetamines are some of the substances most abused, Brearton said.

But the Navy also wants to give a second chance to those members who have the potential for future useful service and, through DAPA referrals, that potential can be realized.

"We try to catch possible drug users rather than wait until after they've become dependent," Brearton continued. "We watch for signs such as change of personality, job lateness and drug or alcohol-related altercations reports, and we offer a chance of rehabilitation to E-5 and below with more than two years' service."

What does rehabilitation involve? There are three levels: Level 1 involves command level counseling when the offender is sent to Navy Alcohol



Chief Hospital Corpsman Hattie Brearton is NHO's Drug Abuse Program Advisor. (Photo by SN Mark Herrington)

and Drug Safety Program (NADSAP) at Alameda or Treasure Island.

Level 2 is handled at the Counseling and Assistance Center (CAAC), also at Alameda or Treasure Island, where CAAC counselors conduct more in-depth interviews and make recommendations as to whether or not a member is truly dependent.

"Normally first incident persons go to Level 1 unless they have a history of drug or alcohol use," the DAPA advised. In the latter instance an administrative discharge is usually recommended because, "if you persist in abusing drugs, you don't understand why you are being punished. And if you don't understand, you have a potential for further abuse and you are no longer productive for the Navy."

Located at Naval Hospital, Oakland, 9 South, Miramar in San Diego and other locations throughout Navy installations, Level 3 is the most intense program. It is for clients who are psychologically and/or physically dependent, who have potential for further military service.

Overeaters are abusers too. They are checked for body fat during physical readiness test (PRT) and are also sent to Miramar for rehabilitation.

Although some referrals are 'stair stepped' from Level 1 to Level 2, depending on the level of tolerance, recommendations can be made for someone to go directly to from Level 1 to 3 — for example, if at the first incidence, an individual has experienced blackouts.

"If you are E-5 or below, the Navy allows three chances in

alcohol-related incidents; only one chance with drugs," Brearton said. "Because of the zero tolerance policy, officers do not have that option. The fate of E-6 and above who have first-time positive urine analysis depends upon the judgement of the commanding officer and the Naval Military Personnel Command (NMPC)."

But according to Brearton, self-referrals have a better record of success. Self referred patients recognize emotionally that they have a problem. They turn themselves in to the DAPA who advise them and who, in cooperation with others in the program, makes recommendations to the commanding officer as to appropriate courses of action.

So do yourself a favor and heed the advice of your DAPA: Turn yourself in if you know you have a drug or alcohol-related problem and save yourself a lot of grief.

From the XO

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to effect desired behavior change

- Proper timing
- No double standards: FIRM but FAIR
- Consistency

One area which we all must understand — This command has a ZERO TOLERANCE for drugs.

Command Image: I believe "Image" can make a command. We are what we project. This includes appearance, manner and work space. You are an "artist." Paint a great picture.

Again, my appreciation for all you do. Let's make this the best Navy hospital anywhere. Caring makes the difference.

Navy Drug Lab gets new commanding officer

By Andree
Marechal-Workman
Red Rover Staffwriter

Commander Robert M. Miller relieved Lieutenant Commander Francis J. Von Tersch in a change of command ceremony on Thursday, September 7, at 2 p.m. Von Tersch had been interim commanding officer of the Navy Drug Screening Lab since Commander Joel Crabbe left in July to report for duty at the Naval Research Laboratory in Washington, D.C. Crabbe was the lab's commanding officer from June 5, 1987 to July 19, 1989.

Guest speaker for the time-honored tradition, which formally restated the continuity of command to the officers, men and women at the drug lab, was Rear Admiral David M. Lichtman. Admiral Lichtman is Commander, San Francisco Medical Com-

mand (SFMC) and Commanding Officer, Navy Hospital, Oakland, (NHO).

"I feel compelled to tell you that I am extremely proud of the job done at the Drug Screening Lab for the past two years," said Lichtman. "It is one of the biggest successes of the Northwest Region."

This was not always the case, however. According to Admiral Lichtman, Commander Crabbe was the architect of a reorganization that turned what was once a problem into a model — the best quality drug screening laboratory anywhere in the nation.

"You folks sitting here are responsible for it. Thank you for the job you did for me and for the Navy, and thanks to Commander Von Tersch who did an outstanding job in the interim," the admiral added.

According to Von Tersch,

the screening lab does selective drug testing for abuse of substances such as cocaine and marijuana. Its testing program covers the entire northwest region of the United States, from Long Beach north to Alaska, parts of Hawaii, Japan and all ships that are in those ports, including Alameda, San Francisco and elsewhere in the Greater Bay Area.

Commander Miller is an entomologist. He was Officer in Charge of the Navy Disease Vector Ecology and Control Center in Alameda before reporting to the Drug Screening Lab.

Among those present at the ceremony were staff biochemist Lieutenant Lou Cabotaje who acted as master of ceremony; Theodore Xenakis, the lab's technical director and Dr. Roberto Martin, its assistant technical director.

Navy commissions Physician Assistants

By Liz Noland,

Bureau of Medicine and Surgery, Washington, D.C.—

WASHINGTON...The Physician assistant (PA) community was dwindling. Of an authorized 300 positions, the Navy had only 230 PAs in February; in June the count was down to 210 and dropping more each month. The reason was natural attrition combined with the absence of any program that allowed for the entry of new physician assistants.

The Navy took its first steps toward increasing the physician assistant community in April, when it announced the reactivation of Medical Service Corps physician assistant inservice procurement program and the establishment of a new, temporary program to convert chief warrant officer physician assistants to physician assistants in the medical service corps. Additionally, civilian-trained PAs will be recruited into the community.

These efforts combined will ultimately bring the community back to full partnership on the Navy's health care delivery team. Vice Admiral James A. Zimble, Navy Surgeon General and Chief of the Bureau,

called the move to convert physician assistants to the medical service corps "a quantum leap in the professional recognition of the physician assistant community."

On September 1, commissioning ceremonies were held for most of the 104 chief warrant officers who applied for and were approved by the Secretary of the Navy for conversion to the medical service corps. Also in September, the first 25 hospital corpsmen selected for the Inservice Procurement Program begin school. Those who graduate from the two-year program will be ready to go to work in October 1991.

Although physician assistants have always shouldered a large responsibility in providing patient care, they will now have the recognition of being commissioned officers of the medical service corps. Along with this new recognition will be new responsibilities, particularly in the operational forces, where the Navy plans to expand its use of PAs aboard ships and in Fleet Marine Force units.

By SN Laura L. Martin,
Red Rover Staffwriter

Naval Hospital, Oakland — Eric is 14 years old, loves skateboarding, football, and he's on an outrigger canoe paddling team in Hawaii, where his parents, both hospital corpsmen, are stationed. He's a popular, energetic kid with nothing more on his mind than getting as much fun as he could out of summer vacation before he started his first year of high school.

One day in June, Eric went to practice with the outrigger canoe paddling team. It was a great day to be at the beach, and Eric was having a great time hanging out with his school friends. They were practicing in canals and someone decided it would be fun to jump into the water from the bridge they were standing on. Eric didn't have much choice in the matter: One of the guys pushed him in.

That was over a year ago. Eric now lives in Oakland. He doesn't go skateboarding, or play football, and he's not on any canoe paddling teams anymore. In fact, Eric doesn't walk anymore and he's just begun to be able to feed himself without spilling his food in his lap.

On June 30, 1988, when Eric was pushed off that bridge, he landed on his head in one foot of water, fracturing three of his vertical vertebrae and causing spinal cord injury. He laid face down in the water holding his breath and never lost consciousness. A friend turned him over and waited with him until help arrived.

Eric spent three weeks in intensive care where he was diagnosed as a quadriplegic. He has no movement below his shoulders, but can use his shoulders to move his arms and wrists. After it was realized that the hospital in Hawaii didn't have the facilities Eric needed, the decision was made to have him transferred to Children's Hospital in Oakland.

On October 12, Eric and his mother, Chief Hospital Corpsman Karen Delisle, came to Oakland while his dad waited in Hawaii for their humanitarian transfer to Naval Hospital, Oakland. On November 21, Edward and Karen Delisle checked into the command and in February, 1st Class Petty Officer Edward Delisle retired to take care of his son full time.

Shortly after arriving in Oakland, Chief Delisle called

the National Spinal Cord Injury Hotline.

"They put me in touch with the California Spinal Cord Injury Center in Santa Rosa," said his mother, "They offered so much comfort and support. They sent information, called me, and I called them when I needed to talk to someone about what we were going through."

In February, the 14 year old boy started going out of the hospital and was taken on a tour of the Center for Independent Living (CIL) in Berkeley. CIL gives counseling on attendant care for people who, like Eric, need 24-hour care. They explain how to hire and train an attendant and provide people with lists of wheelchair-accessible homes in the area. They also set Eric up with a mentor — a similiary disabled adult professional for him to talk to. The CIL also helps teens get part time summer jobs.

On May 5, 1989, Eric was discharged from the hospital. There were many things he needed to get around at home and to be able to go to school. For instance, a power wheelchair since he can't push himself and a computer communications system so he can complete written work for school.

CHAMPUS doesn't cover the cost of the many things needed to care for Eric at home. The Delisles were referred to the California Childrens Service (CCS). The CCS covers many costs that CHAMPUS doesn't. They funded a communication system through Stanford University which enables Eric to complete school work. The CCS also provides care which allows Eric's parents to go out while a trained attendant stays with him.

After missing a year of

school, it was time to return. Public law states that Eric would be "mainstreamed" in to the school system. This means that he will attend public school and the school district will pay for Eric's attendant while at school. The Delisles contacted the school several times before Eric was to start to check on the progress of finding his attendant. Very close to the beginning of school, the Delisles still had no positive response about an attendant and called CIL to see if they could get any help. They were referred to Disabled Rights Education Defense Fund, (DREDF).

School started on a Tuesday and there was no attendant. By Thursday, no action had been taken and the Delisles called DREDF. Friday the attendant was in school.

Eric is taking algebra, literature, history and computer classes now. He goes to school in the morning and has physical and occupational therapy in the afternoon.

"He just got his first report card," continued Chief Delisle, "it was all 'A's. I asked him why he didn't do that before the accident!"

The California Spinal Cord Injury Center, Oakland Children's Hospital, CIL, CCS, and DREDF helped the Delisles so much in their time of need.

"These organizations are there everyday, you just don't know it until you need them. If you don't support them now, they may not be there when you need them," concluded Chief Delisle.

These are just some of the organizations your contributions to the Combined Federal Campaign help to fund. Edward, Karen and Eric Delisle know how well they work and hopefully, you won't have to find out.

Officer and Enlisted Clubs to merge

By SN Laura L. Martin
Red Rover Staffwriter

Naval Hospital, Oakland — Soon officers and enlisted personnel can enjoy dining together in a newly renovated club. Planning has been approved to merge the "O" and "E" clubs into the present Officer's Club building next to junior officer housing. The

BLS training...

Continued from front page

adults. Lectures cover the necessary skills they need to be able to perform the skills."

The first class for the condensed version took place September 7, and it went well according to Bohn. "We're glad to hear those favorable comments," she said.

For the uninitiated, the BLS course given at Oak Knoll is level C of the standard certification process, consisting of five levels. Level C is for health care providers and includes all the CPR skills — one-man, two-man, child and infant."

"We're here to keep our patients safe," said Bohn. "They expect the staff will keep them safe, and besides it's our professional responsibility." sibility."

project's goal is to make the club self-sufficient by next year so it won't depend on appropriated funds for support. These funds would then be used for the Morale, Welfare, and Recreation (MWR) Department.

The transition took place gradually last month with a change in management. Mess Management Specialist Senior Chief Norman S. Viray, who had managed the Officer's Club for the last two years, will also take over management of the Enlisted Club.

The next change will be to move all food services for lunch Monday through Friday to the "O" Club. This will begin upon completion of remodeling to the "O" Club's galley. The "E" Club will be closed until 4:00 p.m. Monday through Friday at this time but, dinners and Sunday brunch will continue to be served.

There will be many other changes in addition to the clubs merging. There are plans to add more food choices to the menu, and to provide delivery service to the hospital and barracks. Probably the most popular of the changes will be a shuttle bus from the hospital to the club during lunch.

Combined Federal Campaign helps Oak Knoll family

Federal Corner

By Sydney Santos

Personnel Management Specialist

Naval Hospital, Oakland — Employees who served as civilians in an area paying a Cost of Living Allowance (COLA) such as Hawaii, Alaska, etc., during the period 1983 to 1989 may be entitled to an additional payment if they were in receipt of a retained rate of pay.

The Office of Legal Counsel has determined that individuals who were on pay retention should have had their COLAS computed as a percentage of the retained rate, rather than the maximum rate of the grade. Current employees on pay retention in COLA areas need take no action. Their payroll offices will make the retroactive payment of the affected employees. Their payroll offices will make the retroactive payment to the affected employees. Former employees and those still in COLA areas, but no longer on pay retention should inquire from the agency in which they served about possible entitlement to back pay.

Dental Corner

The crack^zed tooth

By Capt. Paul C. Lehman, DC, USN

Naval Hospital, Oakland—Have you ever been chewing and found that a certain tooth is mildly sensitive? This could be the dreaded CRACK^zED tooth! "What is it? How did it get that way? How is it treated?" are all questions that are asked by both patient and dentist.

A trauma incident is the usual cause. This could include—but is not limited to—a fall, fight, automobile accident, sports injury or biting on a very resistant object such as a nut, seed, etc.

This trauma causes an incomplete CRACK^zK in either the enamel the tooth's crown, or both the enamel and underlying dentin. This CRACK^zK allows saliva, cold, heat, or sweet to irritate the "live" dental nerve. However, this only happens infrequently at first because the CRACK^zK is microscopic, and only by biting a certain way is it possible to further separate the CRACK^zK and allow fluid to seep deeply into the tooth.

As time passes the symptoms will become more frequent and will last a longer period of time. At first symptoms occur once a month and last a few seconds only. As the CRACK^zK increases, symptoms may increase to once a day or every bite and linger minutes after biting stops.

Treatment is varied. This depends on how extensive the CRACK^zK is when diagnosed by your dentist.

For CRACK^zKS in the enamel only or those extending to the surface of the dentin (bulk of the tooth structure) drilling to the base of the CRACK^zK and placing a silver amalgam filling is the treatment.

Adjusting the biting surface to assure that it is even is also performed. More complex CRACK^zKS may require a crown, endodontic treatment (root canal) plus a crown, and total loss of the tooth (extraction).

Once again, minor symptoms may require minor — less expensive — less time consuming treatment. Major big time, all the time painful symptoms may result in tooth loss.

Chaplain's Corner

Even dying is still alive

By Lt Karla M. Seyb-Stockton
Pastoral Services

Lately I have been doing a lot of thinking about living and dying, and what it means to be alive. I really believe that living and dying is all a matter of perspective. It is kind of the same question as "is the glass half full or half empty?" This is what I mean.

Basically, no one would argue with the statement that, "until we are dead, we are still alive." Although with modern medical technology, that line is becoming more difficult to draw. But even so, it is fairly clear-cut. The difference between dying and living, however, is a bit more complex.

There is more to living than having lungs that breathe and a heart that beats. There's more to dying than having some kind of life-threatening illness or be in an accident. The difference in perspective becomes concrete when we put it in context.

What is the difference between someone who is living with cancer and someone who is dying of cancer? or AIDS? or any other disease? The difference is that the persons who are living have not allowed their conditions to limit the life-choices available to them. Those who are dying of the disease have given up some part of their control over their own lives.

Please don't get me wrong: people who are living with the disease may not only die from it, they may also know they are going to. They accept that as a physical fact, however, and they concentrate on living what life they have left to its utmost.

This article is not only for those who have the "killer disease." The rest of us have something very profound to learn from them.

There are many kinds of "diseases," spiritual diseases that cause us to start the dying process even though physically we may be perfectly healthy. Among them are the disease of disappointment, burn-out, stress and anger. None of these are dangerous in small quantities. In fact, they can make us stronger.

But if they become long-term conditions of our lives where they begin to cut us off from our freedom of choice, from our feelings of self-worth or from our powers of self-motivation; they also become "killer diseases." And they will kill us dead, even though the lungs still breathe and the heart still beats.

Hails and Farewells

Welcome Aboard:

LCDR Michael Dawson Jr.
LCDR Wayne L. Easter
LCDR Dong-Kyoo R. Kang
LCDR Deborah J. Wear
LT Jerry L. Carpenter
LT Gregg W. McAninch
LT Elisabeth Young
LTJG Collette J. Armbruster
LTJG Shari Marsh
LTJG Velma L. Montgomery
ENS Carol B. Duncan
ENS Jane R. Smith
HMC Myrtle J. Jones
HM1 Myrna Catubay
HM3 James D. Miller
HM3 Gabriel T. Salazar Jr.

Kudos

Navy Commendation Medal:

CDR Peggy D. Marine
Main OR
CDR Dorothy Michael
QA
CDR Kevin G. Harvey
X-Ray
LCDR Dong-Kyoo R. Kang, ENT
LT Kimberly A. Mynheir
Food Mgmt
DTCS Jeri G. McIntosh
Dental

Navy Achievement Medal:

LCDR Carol R. Bohn
Cmd Ed
LCDR Vann E. Schaffner
Lab
LCDR Daniel J. Speece
DUINS
LT Velda R. Holthus Fiscal
LT Alan W. Joseph
Admin Sup
LT James G. Leonhardt
Ob/Gyn
PNCS Betty McClyman
Manpower
HMC Johnnie Coleman
Clin Lab
HM1 Darlene P. Hamblett
X-Ray
HM1 Keith D. Malnar SFMC
MM1 Robert S. Richardson
X-Ray
MH1 Jayne Van Duzer
Pt Admin
HM3 Melody Jimenez
Career Couns

Letter of Appreciation for Navy Relief Keypersons:

MS1 Conrado M. Abellera
BEQ 501
MS1 Dennis O'Connor
Food Mgmt.

Fair Winds and Following Seas:

CAIPT George J. Gavrell
CAIPT Frank Heston
CDR David S. Loose
LCDR Roger J. McSharry
LT Mary S. Carlton
LT Victor B. Corpuz
LT Wade R. Wessels
LTJG Phyllis Prudhomme
LTJG Erich Sauerwald
LTJG Jennifer L. Wilcox
RP2 Rudolph Catron
SK2 Suzanne M. Hutchinson
HM2 Melissa A. Sego

HM3 Ricardo Barrera
HM3 Karin G. Boston
ABH3 Gregory A. Clemons
DT3 Jerry R. Lafferty
HM3 Joel B. Steward
HM3 Karen Y. White
HM3 Terry Yarbrough
MMFN Jerry L. Barbee
HN Ricardo Contreras
HN Timothy McCormick
HN Leah C. Roberts
HN Gene Whisenand
HN Alfred E. Williams
HR Gregory Williford



Seventeen new lieutenants are all smiles after a recent promotion ceremony held in the hospital's Clinical Assembly. From left to right first row: LT Christine L. Bass, MSC; LT James E. Jackson, MSC; LT Mary A. Lehning, NC; LT Tamara M. Hollingsworth, NC; LT Joyce E. Basick, NC; LT Pamela M. Wright, NC; LT John J. Nesius, CEC; LT Sheryl L. Washington, MSC; and LT Nancy J. Ross. Second Row: LT Abelardo P. Godoy, MSC; LT Vicki L. Howell, NC; LT Terrie C. McSweeney, NC; LT Velda R. Holthus, MSC; LT Gail D. Chapman, MSC; LT Kirk A. Rogers, NC; LT Collette J. Armbruster; and LT Wade R. Wessels, MSC. (Photo by SN Mark Herrington)

HM1 Darlene P. Hamblett
X-Ray
MS2 Carlos A. Yalung
Food Mgmt.
HM2 William E. Fox MID

Good Conduct (Third Award):

DT2 Frederick C. Aquino
CP Lab
DT2 Banpot Siripakdi
Dental

Good Conduct (Second Award):

HM1 Todd O. Chitwood
CP Lab
HM2 Jenae A. Keck
Clin Lab
SH3 Darren W. Hill
Supply

Good Conduct (First Award):

MS3 Leonardo M. Angeles
Food Mgmt

HM3 Richard B. Higday
Clin Lab
HM3 Arlene B. Jones
Ophthal
HM3 Jonathan P. Stern
Pharmacy
FC3 William A. Turner
MAA Office

Federal Employee of the Year Nominees:

Joe F. Iosefa, CID
Donald E. Moore, MID

Twenty Year Length of Service Award:

Antonio Delgado House-keeping

Ten Year Length of Service Award:

Elias B. Basa, Jr.
Housekeeping
Melvin Lipsey Fire Dept.



Lieutenant Commander Carol Bohn gets the Navy Achievement Medal for outstanding job performance. Captain Jack W. Bartlett, the hospital's XO, presented the award.

(Photo by SN Mark Herrington, USN)



Fire Control Technician Third William Turner of OMD gets a congratulatory handshake from the XO after receiving his Good Conduct medal.

(Photo by SN Mark Herrington, USN)

Talking Points:

"What are you doing to prepare yourself for the next earthquake?"

SN Kevin Hughes, Mail Room

"I now have some drinking water stashed away. Also I have some pants and shirts folded up under my bed just in case it happens in the night."



DT1 Juan Ramos, Dental Department
"I checked all batteries and made a portable TV for information. I also planned an escape route for my family."



LT Robert Martin, Ward 9-W, Intern

"I prepared flashlights, candles and a first aid kit all to be readily accessible. I also stored a lot of canned goods."



Ms. Judith Clavijo, RN, Ward 6-N

"I have stockpiled canned goods and potable water. I have also planned a quick escape route."



Same day surgery

Continued from page 3

(Dr.) Oscar Wand, match the medical personnel needed with the operations scheduled. This we have in Sr. Chief — Matthews, the 'glue' of our program.

Benefits of the program include getting more use out of expensive hospital equipment and space and reducing use of CHAMPUS in a time of budgetary constraints, better training for the reservists involved and greater convenience for patients and their families. So why wasn't this program established earlier?

Said Fackler, "Legal and quality assurance require-

ments must be met before setting up a program like this. Fortunately, two lawyers are members of Detachment 520 — one of them is on the California State Attorney General's Staff and the other is in private practice specializing in medical malpractice. They helped us make sure that what we did could sustain legal scrutiny.

Everyone involved in the program hopes it will continue. As one of them, Chief Hospital Corpsman Cynthia Ullery said, "I plan to come here on a consistent basis. There's a need — and besides, it's fun."

Historical Footnotes

Historical Footnotes will be a regular feature of Red Rover. It will bring back some of those special moments that helped make Oak Knoll Hospital what it is today — a very special place.

Do you know that, on August 22, 1972, Rear Admiral Alene B. Duerk, Nurse Corps, United States Navy, made an official visit to Oak Knoll.

Called by Oak Leaf staff "the first lady of the U.S. Navy to have ever been honored by promotion to flag rank," she was Director of the Navy Nurse Corps in the Bureau of Medicine and Surgery at the time.

"In her new rank, Admiral Duerk sees herself as representing Navy women,"

Oak Leaf observed. "As the Navy's first woman flag officer, she is called upon to represent the Navy at many public occasions."

She gave her audience of nurses a "long" hour of her time during her busy tour of the West Coast commands — discussing such broad issues as rules about release from active duty, promotion zones and limitations, augmentation, and preference cards for declaration of specialties and location, among other.

She also talked about the Civil Rights amendment and the integration of women into ship crews.

(Editor's Note: Oak Leaf was the hospital's first newspaper.)

Red Rover

Enrollment in military health care plan tops 50,000

SACRAMENTO, CA—Foundation Health Corporation has announced that, since August 1988, more than 50,000 people have signed up for its military health care program, CHAMPUS Prime. This signifies an approximate 50 percent increase over initial enrollment projections.

"Fast-growing enrollment confirms what recent independent surveys already have found—satisfaction among CHAMPUS Prime members with our program is very high," said Stuart Platt, president of Foundation Health's government division. "Nine out of ten members said they would 'recommend the program to a friend.'"

The CHAMPUS Prime plan is available to active duty military families, retirees and their families through a year-old Department of Defense (DoD) demonstration project called the CHAMPUS Reform Initiative (CRI). CHAMPUS Prime benefits include low-cost health care, 24-hour medical help from a staff of nurses, no claim forms and no annual deductibles. Members choose a primary care physician to coordinate all their health care, and pay only small charges for basic outpatient treatment.

CHAMPUS, or Civilian Health and Medical Program of the Uniformed Services, is the federal government's sup-

plement to health care in military facilities. To hold down CHAMPUS costs, the DoD last year awarded Sacramento-based Foundation Health Corporation the potential five-year, \$3 billion CRI contract.

The Corporation is the prime contractor for CRI. Health care subcontractors are Foundation Health Plan in Northern California, PARTNERS National Health Plan in Southern California, The Queens Health Care Plan, Inc. in Hawaii and Blue Cross of Washington and Alaska. Electronic Data Systems of Dallas Texas is assisting with claims processing for the project.

Have a Star-Spangled Christmas — Send cards and letters to our servicemen and women

By Lee Spencer, Mail Call Founder and Chairman

St. Robert, MO., Home of Fort Wood and the Army Engineer — "MAIL CALL!" are two words that are music to the ears of just about everyone who wears our country's uniform. Remember how it was on the M*A*S*H reruns?

Concerned Americans from coast to coast joined forces last Christmas through a program with the same name ("Mail Call!") and brought smiles to more than 125,000 of our servicemen and women, many of them young people away from home for the first time.

"Mail Call!" combines greetings from thousands of members, re-sorting all the cards and letters into more than 900 bundles which are sent priority mail — (the most economical way) to units and activities in more than 40 of our 50 states and in the four corners of the globe. Some

members have received responses from every continent.

The twin goals are to include mail from many people and places in each outgoing bundle and to spread each member's greetings as widely as possible. The number of units receiving mail increased once again last Christmas. We added an entire remote Army base and the 19 Navy ships. Several large overseas units will be added as more mail becomes available.

Among California participants in the 1988 Christmas Mail Call were: Alameda - Barbara Cruz and Katie Giltner; Alamo - Cathy M. Kennedy; Concord - Judith A. Lucas; El Cerrito - Mrs. Esther Sergeant VFW El Cerrito Post #6422 and Auxiliary; Northridge - California State University - Northridge (#1 nationwide), coordinated by Robert Dreyfus of

San Ramon; Oakland - Providence Hospital and Sandra Carstensen; Pleasanton - Ann Compton; San Bruno - Martha Hughes; San Francisco - Susan M. Ballard and San Leandro - Mary Ellen Harmeyer.

Our sincere thanks to them and to all the other wonderful folks who helped make the 1988 Christmas Mail Call and the 1989 Valentine Mail Call the best ever.

Mail Call is an exciting project for families as well as school and church groups of all ages. For information about taking part in the 1989 Mail Call Program, please send your name and address along with a first-class postage stamp (no envelope; just a stamp is required, please) to: MAIL CALL!, BOX 988, ST. ROBERT, MO 65583. Also mention where you read about Mail Call! Thank you!

Reel Business

"Fat Man and Little Boy"

"Fat Man and Little Boy," is a film that takes moviegoers to a fascinating place and



Paul Newman (left) is Manhattan Project commanding general Leslie R. Groves; and Dwight Schultz plays Project director J. Robert Oppenheimer in "Fat Man and Little Boy." Roland Joffe directed and co-wrote the Paramount Drama about the men and women responsible for the beginning of the atomic age. (Photo by Peter Sorel)

and time that changed the world.

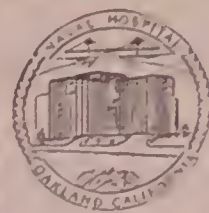
In 1942, during the third year of World War II, a number of gifted young scientists and engineers were called upon to perform a feat that ended our innocence forever. Thus began the building of the atomic bomb, under the supervision of General Leslie R. Groves (Paul Newman). Sealed off from the world, the Manhattan Project members dealt with a world of deadlines, of personal ambitions, and power plays.

Paul Newman stars as General Leslie R. Groves in "Fat Man and Little Boy." The film also stars Dwight Schultz as J. Robert Oppenheimer and co-stars Bonnie Bedelia, John Cusack, Laura Dern, John C. McGinley and Natasha Richardson. Bruce Robinson wrote the story for the film and co-wrote the screenplay with Roland Joffe. Produced by Tony Garnett and directed by Roland Joffe, the movie is a presentation of the Motion Picture Group of Paramount Pictures, a Paramount Communications company. The executive producer is John Calley.



RED ROVER

NAVAL HOSPITAL OAKLAND



Volume 1, Number 2

December 1, 1989

TQM means quality health care services

By J01 Dan Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND—"Total Quality Man-

agement (TQM) can improve the Navy in hard times ahead," emphasized George Butts to Oak Knoll's key of-

ficials and managers at a recent gathering in the clinical assembly. Butts, who was Lee Iacocca's vice president for quality and productivity before retiring from Chrysler Corporation, came to Oak Knoll to bring the concept of TQM to the staff.

"TQM is more than a set of buzz words," said Butts. "It's an upper management type of leadership that will get the baloney out of the system and makes people happier about their jobs. We want you all to be totally quality people: We're all going to be a team player. And in doing so, TQM can improve your health care delivery to your beneficiaries."

Rear Admiral David M. Lichtman, the hospital's commanding officer, invited Iacocca's former confidant because there's nobody who portrays TQM quite as well as he does. Butts has spent the last 15

months of his retirement on a TQM speaking engagement for military and civilian organizations.

Whether one likes it or not, TQM is here to stay. In fact, Admiral Carlisle A. H. Trost, Chief of Naval Operations, fully supports it. In his personal message to Navy commanders, he said: "I support TQM because applying the principles of TQM can make our Navy even better as we face a period of more difficult and personal resource decisions. Said in another way, we must find ways to get the job done right with the resources available and TQM offers a process of doing just that."

What does it take to get TQM going?

"We've got to have a leadership and management on a world class basis," said Butts. "Leadership that is willing to change. Most people don't

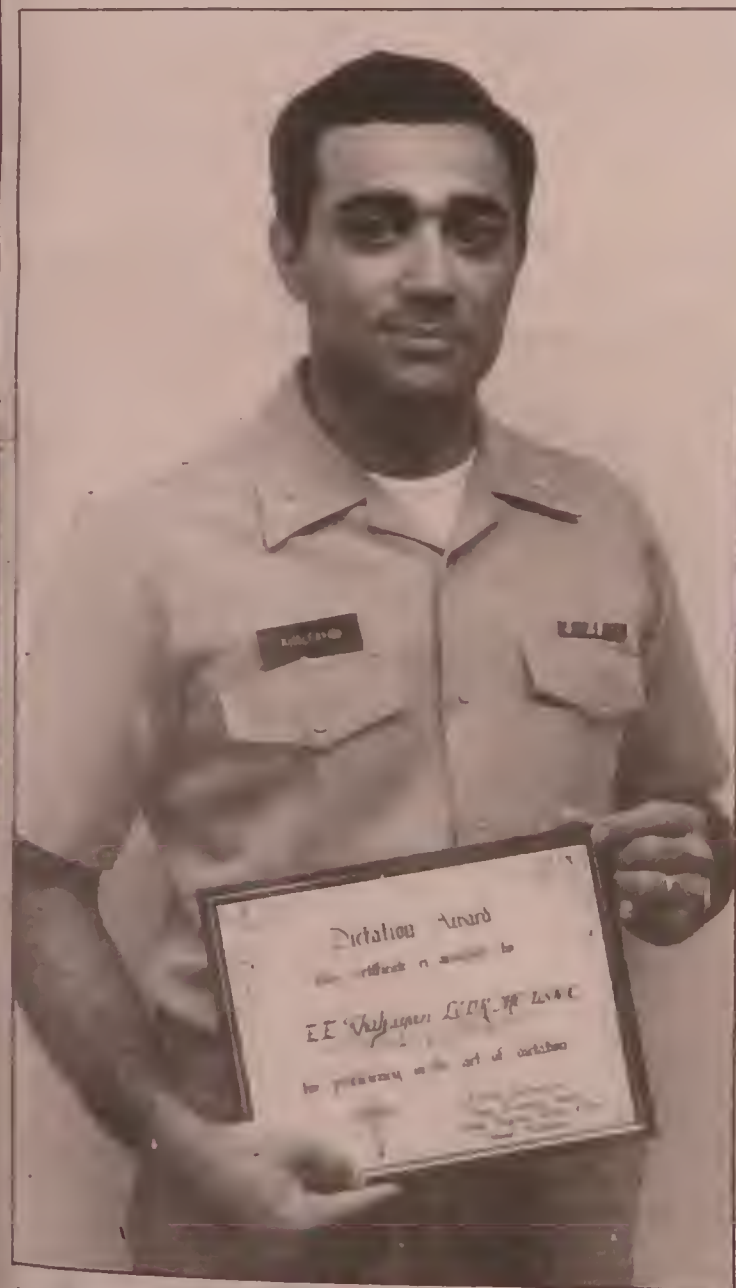
want to change. It's the most difficult thing to do in this world. We should never stop. We should continue to meet the challenge even if we're the best. You may go to bed tonight the best, but you may wake up the second best."

"Everyone should start working together as a team," continued Butts. "Both the managers and the workers should work well together to achieve the common goal. People are your most important asset. You're all important people. However, without the right quality people, things wouldn't work well. We must have an in-depth personnel development and planning. We should take the time to listen to the workers as they have the knowledge to make things better."

Admiral Lichtman echoes Butts' sentiments: "As George said, there's no more money

Con't. on page 5

Dr. Khalfayan chosen 'Medical Dictator of the Quarter'



Lieutenant Commander Elias Khalfayan, MC, of the hospital's Orthopedic Department, displays the Dictation Award certificate awarded to him by the Word Processing Section of Patient Affairs Department. The doctor was named Medical Dictator of the Quarter for the quality, accuracy, clarity and proficiency of his dictation. Doctors at Oak Knoll are required to report to the medical transcriptionists by phone their surgical operations and summary of patient care within a specified time frame. Dictations are also taken on X-rays, radiology and medical boards. According to Andra Zamacona, supervisor of the 13 medical transcriptionists at the hospital, the quality of the doctor's dictation saves time and helps in the accuracy of the patient record. (Photo by J01 Dan Guiam, USN)

Navy Relief's visiting nurses available

By J01 Dan Guiam

NAVAL HOSPITAL—OAKLAND, CALIF. — A young mother gives birth to a baby girl while her husband is at sea on board an aircraft carrier and soon finds how frustrated and unprepared she is to handle her new role. Not knowing what to do, she gets panicky when her baby cries all night long. The only military hospital is far away, and she doesn't have a car. She needs help but doesn't know where to seek assistance.

The above scenario may be fictitious, but it's not far from reality, especially in the Bay Area. There is a growing number of young Navy mothers here who are often left alone to handle nerve-racking situations while their husbands are deployed to the Western Pacific, in keeping with the U.S. Navy's commitment to keep the sea lanes open.

Fret no more. Help is available through the Navy Relief Society's Visiting Nurse Program — a program that has

been serving Navy and Marine Corps families for over 65 years.

"We're here to help young mothers acquire home nursing instruction on infant care techniques, provide care for bedridden Navy and Marine Corps families, and conduct hospital visits, among other things," said Ruthie Moore, the

coordinator for the program. A volunteer nurse herself, Moore was recently in the Bay Area to spread the good word.

In addition, the Navy Relief provides a free layette to E-5 personnel and below. E-6 and above can get baby layettes on as-needed basis.

The Visiting Nurse Program
Con't. on page 6



A visiting nurse (right) shows a young mother how to properly dress a baby. (Official Navy Relief Photo)

Teleradiography installed at NHO

By Diane LaMacchia,
Public Affairs Officer

OAKLAND, CALIF.—A high tech machine that allows radiologists to "fax" x-ray images between hospitals was installed at Oak Knoll November 8. Called teleradiography, the new technology takes x-ray images and converts them into a digitized format. It then sends them via telephone to a computer terminal where a radiologist reads them.

For the Navy in northern

California — suffering from a shortage of radiologists — the new equipment will provide "quicker coverage to areas that are somewhat isolated," says Commander Donald W. Jensen, head of Oak Knoll's radiology department.

According to Jensen, Oak Knoll's six radiologists have been rotating to the Naval Hospital Lemoore, Calif., several hundred miles away to fill a vacancy there. Instead of sending the physicians to

Lemoore in person, Teleradiology is "a fairly efficient way of providing coverage (to Lemoore) and still getting things done at Oak Knoll," Jensen says.

Enlisted radiology technologists at Naval Hospital Lemoore will transmit images such as ultrasound, cat scan and chest x-rays to Oak Knoll, where physician radiologists will interpret them and provide reports to the patients' doctors at Lemoore.

New CHAMPUS Service Center inaugurated

NAVAL HOSPITAL, OAKLAND—A new CHAMPUS Service Center at Oak Knoll formally opened November 17. The office is located across from the hospital's west side entrance.

CHAMPUS, which stands for Civilian Health Care and Medical Program of the Uniformed Services, is the federal government's supplement to health care in military facilities. The CHAMPUS Service Center at Oak Knoll began its operations inside the hospital's lobby in August 1988, and moved to its new location in September this year.

"We're now a complete service center with the hospital's Health Benefits Advisors joining our staff," said Mary MacPhail, the center's Senior Nurse. "They deal with CHAMPUS and VA benefits so our programs feed off each other." Robert Valentine and Chesta Brantley serve as Oak Knoll's Health Benefits Advisors.

"We exist to assist patients in obtaining timely, cost-efficient medical care via referrals to the MTF (Military Treatment Facility) or a civilian panel of health care

providers," continued MacPhail. "In the process, we make things easier for the beneficiaries and decrease confusions among health care providers."

The center has a network of over 2,000 doctors in the Bay Area who signed a contract with Foundation Health Care to provide services to CHAMPUS-eligible beneficiaries.

"I feel we play an important

role in providing health care to beneficiaries at Oak Knoll," said MacPhail. "They have indicated a high level of satisfaction with our service."

The center is open Monday through Friday, 8 a.m. to 5 p.m. Its staff can be contacted at 430-3500. After hours or during holidays and weekends, beneficiaries can call 1-800-242-6788.

X-ray students get new training sites

By SN Laura L. Martin
Red Rover Staffwriter

NAVAL SCHOOL OF HEALTH SCIENCES, OAKLAND DETACHMENT—Basic X-Ray school students at Naval School of Health Sciences, Detachment Naval Hospital, Oakland, will have enlightening new opportunities as the school widens its horizons to include clinical training in the fleet. The school already offers inter-service clinical training at Letterman Army Medical Center and Travis Air Force Base.

Training at Letterman began one year ago and expanded to Travis in October, 1989.

Plans to train on board ships began in September between Chief Hospital Corpsman Naper, head instructor of the X-ray school, and Master Chief Hospital Corpsman Mike Larkin, command master chief for Logistics Group One. They hope to begin classes in December, 1989 or January, 1990.

Clinical training with the fleet will have many benefits for seagoing hospital corpsmen. They'll have a chance to work on the portable shipboard equipment. The students will also be taught shipboard damage control and supply procedures. Eight to ten ships that have X-ray equipment are being studied as possible training sites.

"They'll learn aspects of the fleet they don't see in the hospital," said Larkin. "In the last 18 to 24 months the fleet has been seeing more and more support from all the medical resources."

From the Commanding Officer RADM David M. Lichtman-

What makes a winning team a winning team? Lee Iacocca once asked the experts—the guys who coach the winning teams—and the experts agree: It takes three things: common goals, team players, and mutual respect for one another.

Let's start out with developing our common goals and work on developing the other two factors as we work together on the first.

Before we can set our goals—and I've asked my key managers to submit their respective goals to me by the close of business today—I'd like to share with you what I see as our common vision.

Oak Knoll is a special place

You've heard it before. But have you stopped to consider what makes Oak Knoll so special? To be truly special, we at Oak Knoll must set lofty goals and strive earnestly to achieve them. Let's clearly articulate these goals so we can direct our abundant energy toward achieving them.

Here's what I think makes Oak Knoll so special.

1. We practice top quality medicine, medicine that is caring, cost effective and accessible. Our goal is to be acknowledged as the finest medical treatment facility in the Navy.

2. Our training programs are the best. Our goal is to achieve 100% approval of our training programs and set the Navy



standards for excellence in each one of them.

3. We care deeply for our people. Hospital management's most important role is to provide appropriate working conditions and sufficient resources to enable you, the staff, to develop your full potential. Our goal is a safe, attractive, well-equipped hospital; an environment of openness, cooperation and mutual respect; and the elimination of all traces of racial, sexual or religious discrimination.

Within these broad concepts and goals I've listed for our command, I've asked my managers to come up with specific objectives for individual divisions and departments. With your support and input, I know we can work together toward our common goals, as teammates and shipmates, with mutual respect for each other.

From the Executive Officer CAPT Jack W. Bartlett

While refreshing my memory for the job description of the Executive Officer, I recalled that I am responsible for morale, welfare, discipline and the efficiency and effectiveness of the staff. How better can I do that than to be out and about, visiting the spaces, seeing how things are going. It is one of the favorite tasks that I have and I attempt to do it as best I can. (It's really difficult when the in-basket drives me.)

I find that while I'm out and about greeting you, your reactions and your interface with me is varied. Actually, in addition to being your leader, I should also be considered your co-worker and friend. So please remember that I am a normal person, just like you, and treat me as such. The ideas that I have in dealing with you and most of what I really need to know about how to live, and what I do, and how to be, I learned in kinder-



garten. Wisdom is not at the top of the graduate school mountain but there in the sandbox at nursery school. A couple of things that I learned that I remember most are: share everything; play fair; don't hit; put things back where you found them; clean up your own mess; don't take things that aren't yours; say you are sorry when you hurt someone; live a balanced life; learn some and think some.

Con't. on page 6

RED ROVER

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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AMC
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December 1, 1989

Red Rover

Dr. William E. Woodruff:

A Knight in Shining Blues

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND—"I fell in love with the Navy when I was ten years old and never got over it." With these words, Captain William E. Woodruff (Retired) sums up a lifetime of naval medical service.

Alameda Naval Air Station because, as a captain, he was over-graded for the allotted billet.

Captain Woodruff (or Dr. Woody, as his students call him), comes from a long line of physicians — "the fifth in as many generations." But he is a maverick when it comes to Navy service, he said in a re-

he retired himself from Kaiser Permanente Medical Group where he had worked as a general surgeon in their Vallejo Medical Center for 21 years.

Microvascular surgery

"I was bored, climbing the walls in a few months," he said. "So, in 1979, I went to Sydney, Australia, where I studied microvascular surgery techniques with Earl Owen; then to Singapore, where I studied with Arthur Lim."

This was all the Captain needed to carve himself another niche in Navy medicine. Hired on the spot in 1980 by the chief of orthopedic surgery at NHO, he continues to save lives by training surgeons in microvascular techniques in the fully equipped lab tucked away in the Clinical Investigation Division (CID) of the hospital. The chief of orthopedic surgery was Dr. David M. Lichtman, initiator of the ten-day course which Woodruff has been teaching ever since. Now a Rear Admiral, Lichtman is NHO's commanding officer.

Mercy missions

"This work requires the ultimate coordination between brain, eye, two fingers—four fingers—and two thumbs," Woodruff explained. "It takes discipline and, as a result of the discipline, I think we are making good surgeons a little better."

Captain John D. Bartlett, Medical Corps, NHO's chief of surgery is among those surgeons. "He is a jewel," Bartlett said of his former teacher. "He is dedicated to the education of microvascular surgery, and his enthusiasm is unsurpassed by other teachers I've had in the past."

The feeling is mutual, and Woodruff is very proud of all the surgeons who passed through his lab. "Dr. Lichtman, Donald Sturtz, Jack Nevins, Colonel John Langston (who is chief of oral surgery at Travis Air Force Base), James McGehee of Bethesda," he enumerates, checking off names as he points to the portraits that paper the walls of his office — portraits he took with the same old fashioned Bell and Howell camera he's carried with him during his many missions of mercy throughout the years.

Old horse

What does the future hold for Dr. Woodruff? He's off to

From the Command Master Chief HMCM Mike Stewart

GME is a term often used in the Navy Medical Department. Normally it is associated with Graduate Medical Education, but it also can take on other meanings. Here at Oak Knoll it also means Grounds Maintenance Engineers. This group of hard working people is led by HMC Salamanca from the Operating Management Department. They are the ones responsible for the beautiful transformation of the 5th floor atrium, the drastic improvement of the outside grounds areas and many other projects. Here's the kicker—they need the help of all of us. If you see paper or litter on the ground — pick it up. Use the receptacles provided for cigarette butts instead of throwing it on the ground. Don't tape signs or paper on the walls, use the bulletin boards. If we all pitch in and help Oak Knoll will continue to be the beautiful base that it is. Also we have invested a great deal of money and time to remodel the BEQ. SHCM Bowden and his staff have done some incredible



work at building 501. All residents are reminded that a man's home is his castle (or a woman's) and we must work together to keep it in good shape. If you see vandalism going on—report it. You wouldn't tolerate it at home, so why should you tolerate it at the BEQ? If you don't live in the barracks you really should go by and see the change. Congratulations to SHCM Bowden and HMC Salamanca and their respective staffs for a tremendous job.

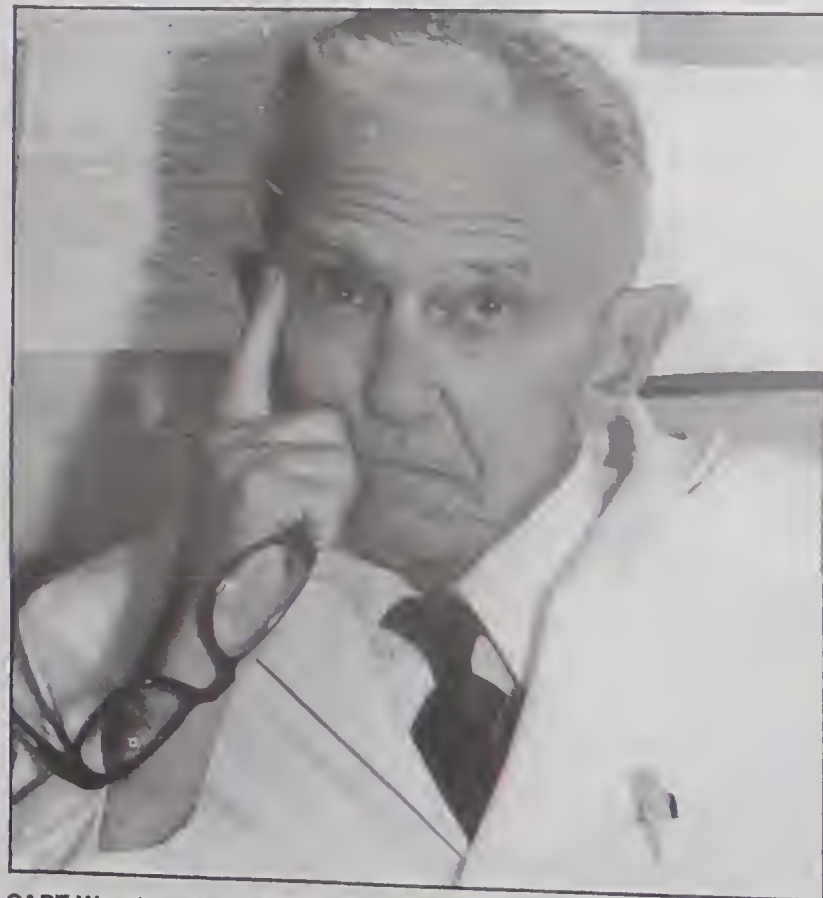
Bethesda, where he has been teaching since 1986. Then, back to NHO in November to continue the routine he established of training four military surgeons in ten-day courses every five weeks.

He's not going to retire so long as he's needed and so long as his brain, eyes and fingers and thumbs work. In fact, in January he's adding a course to his schedule — at David Grant Hospital, Travis Air

Force Base.

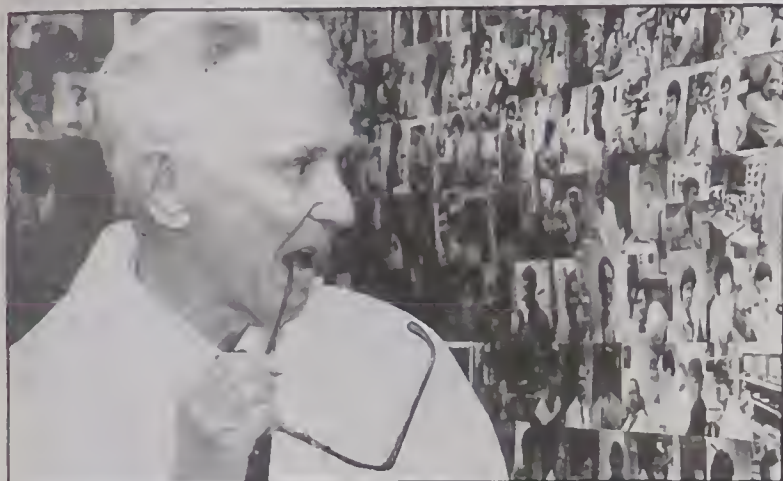
And after that? "I take it one day at a time, one class at a time," he said. "I am just an old horse who doesn't want to get out of harness, and I am definitely going for 1990."

Woodruff lives in Vallejo with his second wife, Mrs. Norma L. Woodruff. He has three sons from his first marriage, William E. Jr., John Marshall and G. Phillip Woodruff.



CAPT Woodruff ponders over his lifelong Navy career.

(Photo by JO2 T.S. Begasse)



"Dr. Woody" looks at the many portraits of his former students.
(Photo by JO2 T.S. Begasse)

Unlike David Copperfield, he seems to have known right from the start that he would be "the hero of his own life" when he became a Navy surgeon some 45 years ago.

Navy volunteer

But, by a curious quirk of fate, 31 of those years were spent as a Navy volunteer (some of them while working as a general surgeon at Kaiser Permanente); as a reservist at Alameda Naval Air Station; as part of an American Medical Association (AMA) — sponsored military team in Vietnam; and as a teacher of microvascular surgery at both Naval Hospital, Oakland, (NHO) and the Uniformed Services University of the Health and Sciences (USUHS) in Bethesda, Md.

"The Navy learned I was in residency training when I signed up after Pearl Harbor," said Woodruff. "That's why they didn't call me until 1945. Then, the war ended and everybody went home."

Trained at Duke University Medical School in Durham, N.C., the softspoken 75-year-old native of Winston Salem, N.C., was certified by the American Board of Surgery in 1948 and became a Fellow of the American College of Surgeons in 1949. From then on it was smooth sailing. The Navy heard of his medical achievements and called him back to active duty in 1950. He resigned from active-duty in 1958 and became an unpaid flight surgeon reservist at

cent interview. "Everyone else went into the Army so I thought, what the hell, I'll go Navy!"

And "Navy" he has been going ever since — full steam ahead, in fact, and with a determination that earned him the Legion of Merit "for exceptionally meritorious conduct in the performance of outstanding volunteer service..."

Dr. Woodruff doesn't like war, but when he knows his presence can make a difference, he goes where he is most needed even when the going proves difficult. For example, in 1967, when the Navy wouldn't send him to Vietnam because "his four stripes made him a little too expensive," he volunteered and became head of a military provincial hospital assistance program (MILPHAP) in "Bac Lieu, a little town in the Mekong Delta."

"I knew that, in war, there are two basic rules," he said with a quiet intensity. "Young men die and surgeons can, sometimes, stop that."

Flight surgeon

Woodruff had first-hand experience on this score during the Korean conflict, when he served as flight surgeon aboard two aircraft carriers, USS Wasp (CVA-18) and USS Boxer (CVA-21).

Two decades later, in spite of triple by-pass heart surgery, "Dr. Woody" refuses to abandon ship. In 1978, after feeling angina in the operating room,



Accordianist playing authentic German pop music. (Photo by J01 D.B. Gulam)



Children having a good time. (Photo by J02 T.S. Begasse)



At ease with CDR Schick (left). (Photo by J02 T.S. Begasse)

Oktoberfest at Oak Knoll: Fun, food, games, shows, live music, ethnic dances, clowns..

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND—German beer and wiener schnitzels, polka music ...oompah, oompapah... Oak Knoll people decked out in ethnic Bavarian costumes; kids games on the lawn; a

screaching rock band bruising the peace of the surrounding slopes, and plenty of good old American hamburgers and hot dogs — those were highlights of the Oak Knoll's Oktoberfest on October 28, when a grand time was had by all.

Hot sunshine smiled on Oak

Knoll's revelers who show they can play just as hard they work, in and out of the "special place."

Proceeds from sale of beautiful authentic 1.2-liter German beer steins and beautiful Command T-shirts went to Naval Hospital, Oakland's medical welfare and recreation fund.



CAPT Barry in drag playing with children. (Photo by J02 T.S. Begasse)



A fraulein tends der wiener schnitzels. (Photo by J01 D.B. Gulam)



Oak Knoll's children see magic at work. (Photo by J02 T.B. Begasse)

December 1, 1989

Earthquake '89: One Corpsman's Story

By JOC Jo Ann Garlington
Naval Base San Francisco
Public Affairs

Oakland, Calif. — As Navy Hospitalman Bill Wicker maneuvered his ambulance along Interstate 880 on Oct. 17, he worried that he was in trouble with his boss because the routine patient transfer he began earlier that day kept him on the road several hours longer than expected. Instead, Wicker was rolling toward heroism.

At 5:04 p.m. as Wicker neared the Cypress section of Interstate 880 in Oakland, a 7.1 earthquake shook Northern California to its core and altered Wicker's travel plans.

"I was only doing what I was trained to," said Wicker, 21, a hospitalman, emergency medical technician stationed at the hospital's Emergency Room. The sailor is credited with saving numerous lives that night when he detoured through hell.

Doomed freeway

The St. Louis, Mo., native was the first medical person to arrive at the collapsed double decker section of freeway that buried more than 30 people in its rubble and injured many more motorists when the earthquake struck.

Wicker was traveling toward the doomed freeway with his passengers, an ambulatory patient and Wicker's co-worker, Hospitalman Anthony Bel-

tran, 21. The trio didn't feel the quake.

"I thought it was just a major (auto) accident," said Wicker as he recalled how a policeman flagged him down and told him he and his ambulance were needed further down the road.

But as he neared the scene, authorities would not allow Wicker to take the ambulance closer than a quarter of a mile from the damaged section of the freeway.

Various injuries

"The road looked okay to me," Wicker said. The three Navy men left the ambulance parked on the freeway and began walking toward the unknown.

Wicker came across 15 people with various injuries. Some were covered with blood. Most were dazed.

Everywhere he looked, Wicker said, he saw people climbing from holes in the rubble.

"Everyone kept asking me what they could do to help," said Wicker. "The civilians (who came from nearby residences) were great," he said.

Many hands were eager to help but they needed direction. They turned to the sailor. Wicker has been in the Navy for over two years, and has spent all of his enlistment at NHO. He completed training as an emergency medical techni-

cian in June this year.

The classroom lectures paid off that fateful Tuesday night.

He gathered the less injured victims in one spot and told them to stay put. He told them not to panic, then reminded himself that the warning applied to himself as well.

"I was scared," he said as he watched helplessly as a car dangling over the edge of the freeway burned. "We never knew if the driver or passengers got out," he said.

Although he was hampered by not having the equipment and supplies from his ambulance, he triaged several seriously injured patients. "I needed to get the ambulance down there," he said as he recalled the frustration he felt.

Available resources

"We treated the victims with what we had," said Wicker. What they had were items salvaged from smashed and broken cars. These pieces were used as braces and splints.

Residents who lived near the freeway broke up fences and tore down doors to be used as back boards and braces.

Wicker administered first aid as he moved from car to car on the lower level. He had little time to think or take note of his personal safety until the heat of burning asphalt scorched through his boots.

He knew his back was wet, but thought it was probably his sweat soaking through his clothes until he heard a policeman screaming that no one was to light a cigarette.

Gas was dripping from the upper freeway level onto Wicker's back. He was soaked in gasoline.

An hour into the disaster, Wicker realized time was running out for some of the victims left on the upper deck of the freeway who needed hospitalization. He had to get his ambulance to the injured.

He raced back to the vehicle, got behind the wheel and started the motor. The road, however, was blocked by a maze of debris and abandoned cars. He shouted for bystanders to move a car in the path of the ambulance. They complied with the order.

Getting the injured from the raised freeway to the ground below was tricky. A ladder that reached only half way to the upper level where his patients were appeared from nowhere.

Volunteer rescuers, clustered in groups of six to ten, passed the injured down what would have been a 30-foot fall if they were dropped.



HN William Wicker, (right) and a fellow corpsman, practice triage, during a combat casualty course at NHO. (Photo by J02 T.S. Begasse)

"If they fell, it was better than staying on top," theorized Wicker.

With six patients packed in to his ambulance, he was ready to roll but realized that he was stressed out. He instructed a less injured patient to co-pilot. "I wasn't sure where I was and needed someone familiar with the area to guide me," said Wicker.

Using driving skills he didn't know he had, Wicker maneuvered the large vehicle over and around rubble and through streets left dark by a city-wide power failure.

Wicker knew that one of his patients died enroute but couldn't mention it for fear the other patients would panic or go into shock.

Blocked roads

When his passengers were deposited at the hospital, Wicker got behind the wheel of his ambulance and headed back to the freeway.

However, blocked roads hampered his return. When a barricade near the freeway threatened to stop him, he opted for a course he said was guided by God,—through the open door of a warehouse that led to the Freeway. "The back gate was open and I drove through."

He parked the vehicle near a pancaked section and climbed onto the structure

that looked as though it would collapse at any moment.

Another survivor, this one with a punctured lung, was tied to a wood door ripped off a nearby home. He was lowered to the ground and placed in the ambulance.

"We treated the victims with what we had."

--HN Wicker

"I wanted to bring him to NHO," said Wicker, "because I knew we had doctors who were specialists at treating this type of injury."

NHO had a triage set up to treat the quake victims. "The patient was out of the ambulance before I got out," he said.

Wicker wanted to go back, but doctors put him to bed. He was treated for smoke inhalation and stress.

At 8:30 p.m. with his travels over, Wicker finally had a chance to ask what happened. It was hard to believe he didn't know there had been an earthquake.

Still worried that he might face reprimand for keeping the ambulance out so long, Wicker was pleased and amazed to report that the ambulance came through the '89 quake without a scratch.

-Career Notes-

The Bureau of Medicine and Surgery (BUMED) recently announced that maximum effort is needed to fill all "C" schools, with particular emphasis on the following:

School	CLCVN	Quota	Location
HM 8402	3/5/90	23	Numi, Groton, CT
HM 8407	4/16/90	5	Numi, Groton, CT
HM 8425	1/8/90	3	Porthmouth, VA
HM 8425	2/4/90	21	Porthmouth, VA
HM 8432	3/12/90	21	Oakland, CA
HM 8482	1/26/90	24	Porthmouth, VA
HM 8483	2/12/90	16	San Diego, CA
HM 8501	2/12/90	14	Fort Sam Houston, TX
HM 8506	3/9/90	22	San Diego, CA
HM 8506	3/26/90	39	Bethesda, MD

"It is imperative that we continue to fill our "C" school seats, especially those that typically are difficult to fill," the Bureau communique stressed. "While it may appear that a community is healthy at present, it must be remembered that quotas are based on manning projections and cannot be ignored."

The communique strongly advised command master/senior chiefs and command career counselors to spend maximum effort toward filling these "C" school requirements, and to "please keep the vigil."

Finally, the communique indicated that deep sea medical technician (HM 8493) school applications are needed to fill all classes this year, adding that "the community has experienced an increase of 44 billets in Fiscal Year 90 and we must make up the difference."

"C" school applications from hospital corpsmen assigned to operational units are encouraged, the announcement said, requesting that the request be given the widest possible dissemination.

For further information, contact your command career counselor at ext. 35083.

TQM (Cont. from front page)

but we've got to do our jobs as managers right and we've got to do them right the first time. As managers you are the people who supply our corpsmen, nurses and doctors the product that they need to do an excellent job. Each and every one of us has to track our total quality management in order to achieve our goals that will give us the distinction of Oak Knoll as being a very special

place."

The process of TQM will be implemented in Oak Knoll under the coordination of Commander Randy Bohn, Quality Assurance Department, San Francisco Medical Command.

"Start fixing things," Butts concluded. "There are no quick fixes. If we're not going to do TQM, who's going to do it?"

Pearl Harbor remembered

This Dec. 7 marks the 48th anniversary of the Japanese attack on Pearl Harbor. On that Sunday morning, thousands of Navy men dressed in crisp whites, were eating breakfast and preparing for the day's liberty. High in the Hawaiian skies enemy bombers were beginning to launch their surprise attack.

At 7:50 a.m., the attack started and lasted for a devastating hour and 50 minutes. The attackers left twisted wreckage that only hours before had been the might and power of the U.S. Pacific Fleet.

- Navy gunners stood at their mounts while decks disintegrated around them.

- Crews worked below in ships that furnace hot in tides of flaming oil.

- Damage control parties entered suffocating holes and boiling engine rooms to make battle repairs.

- Fire fighting details, gallant doctors and hospital crews, all held their posts to the last and did their utmost.

- For outstanding valor displayed in the face of enemy fire, 14 Medals of Honor (10 posthumously) and 52 Navy Crosses were awarded. Scores of men were cited for courageous performance and countless men battled with a bravery long remembered.

When the surprise attack ended, the battleships Arizona, Oklahoma, West Virginia and California had been sunk; Tennessee and Maryland were afloat but badly damaged and Pennsylvania rested damaged in a demolished drydock. The Nevada was aground, seriously damaged from enemy fire. She was the only battleship to get underway, and was beached to avoid the risk of being sunk in a position that would close off the entire harbor. Three light cruisers and a destroyer were floating in flaming oil and two destroyers in drydock had been completely destroyed. Altogether, 19 naval vessels were damaged beyond repair and Pearl Harbor's air arm was little more than scrap metal.

Aboard ship and shore, 2,008 Navy officers and men were dead or dying. Fatalities included 109 Marines, 218 Army officers and men and 68 civilians. Including the wounded, the casualty figure totaled 3,581 Americans.

On this Pearl Harbor Day 1989, it is appropriate that we, the active duty men and women and veterans of the U.S. Navy, take a few minutes to remember the heroism of those who served at Pearl Harbor.

Historical Footnote:

JANGO trains future nurses at NHO.



JANGO Ellen Pascoe puts her bedside manners to good use in helping a young patient with his reading. Ellen is the daughter of Commander Delmer J. Pascoe who was chief of pediatrics at Oak Knoll in 1963. (Official U.S. Navy Photo).

NAVAL HOSPITAL, OAK LAND—Did you know that Oak Knoll hospital's first Junior Army-Navy Guild Organization's (JANGO) class graduated on September 14, 1960?

According to the hospital's archives, JANGO was a service organization founded in Washington, D.C., in 1942 to train volunteer nurses' aides recruited from teen-age daughters of armed forces officers. Among its honorary members are Mrs. John F. Kennedy, Mrs. Dwight D. Eisenhower and Mrs. Robert McNamara.

The mission of the organization was to provide opportunities for the girls to learn about the nursing profession and give them a feeling for community service. Some of the tasks assigned to the volunteers were making beds and giving baths, stripping and cleaning units, running errands and assisting with admission and discharge.

The last entry in the archives is the program of a JANGO award ceremony dated September 11, 1975.

Use prescription drugs wisely

You can't be too careful—it's your own safety, health and well-being that's at stake when you use prescription drugs.

Before you use any medicine, tell your Navy doctor, nurse and pharmacist if:

- You ever had an allergic or unusual reaction to any medicine, food, or other substance.
- You have any medical problems.

- You are taking any non-prescription medicines such as aspirin, laxatives and antacids.

If you're a woman, you should let medical personnel know if:

- You are pregnant or plan to become pregnant. Certain medicines may cause birth defects or other problems in the unborn child. The use of any medicine during pregnancy must be carefully considered.
- You are breast-feeding a baby. Some medicines may pass into the breast milk and cause unwanted effects in the infant.

Take medicine exactly as directed, at the right time and for the full length of time prescribed by your doctor.

Child-proof caps on most prescription medicines are required by law. However, if there are no children in your home, and you find it hard to open such caps, ask your pharmacist for an easier-to-open cap.

Different medicines should never be mixed in one container. To keep your medicines fresh and effective, don't store them in the bathroom medicine cabinet. The heat or moisture may cause the medication to break down.

Ask your pharmacist about:

- The side effects that may occur and what you should do if you notice signs of them.
- Whether the medicine

should be taken with meals or separately.

- Proper storage: some medicines should be refrigerated, for example.
- The potential of interactions with alcoholic beverages or other drugs.

If you feel that your medicine isn't working for you, check with your doctor or pharmacist.

Remember: The only "dumb question" about your medication is the one you don't ask.

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From the XO, con't from page 2

and draw and paint and sing and dance and play and work everyday, and when you go out into the world, watch for traffic, hold hands, and stick together.

There is a little humor in that but there is also a lot of

reality, a lot of truth; a great deal that can benefit us in dealing with ourselves, with our bosses, with our co-workers and especially with our patients. I encourage you to take a minute, refresh yourself and continue to make this "A Special Place."

USNS Mercy joins Fleet Week



Lieutenant Commander C. Meeker, head of nursing services aboard the hospital ship USNS Mercy (TAH-19) briefs news media concerning helicopter operations on the floating hospital's flight deck. The news representatives toured Mercy in conjunction with the Bay Area's celebration of Fleet Week, the city of San Francisco's week-long salute to the Navy men and women assigned to the area. (Photo by J01 Dan Gulam)

Visiting nurses, con't from front page

is focused to meet the needs of the Navy and Marine Corps families in the area. The visiting nurses are registered and licensed in California.

Other tasks a visiting nurse performs include reviewing and reinforcing information dispersed at medical facilities to mothers regarding care and feeding of infants; monitoring blood pressure, activity level, and potential complications in pre-natal cases (as requested by the mother's attending physicians) and delivering supplies and prescribed medications to chronically ill patients. The visiting nurse also provides information on resources for social and financial assistance and maintains effective communication with military and community agencies and facilities that provide resources to military families.

A professional rapport often develops between the Navy medical staff and the visiting nurses, putting the latter in a position to act as a liaison between the attending physician and the patient at home.

To take advantage of the program, simply call the local Navy Relief office in your area and ask for the Visiting Nurse Program.

The Navy Relief Society is a private, non-profit organization whose primary purpose is to provide active duty and retired service members, their family members and supervisors with budget counseling and financial assistance for emergency needs.

December 1, 1989

Red Rover

New benefits expected for active duty dependents dental plan

By Evelyn D. Harris

American Forces Information Service

The Active Duty Dependents Dental Plan is a good deal for families of members of the seven uniformed services. It could become even better if the contractor operating the plan can add some new benefits without exceeding congressionally mandated spending limits, said Air Force Col. Edward Herbold, special assistant for dental affairs in the Office of the Assistant Secretary of Defense (Health Affairs).

Among the benefits DoD would like to add is cost-sharing of tooth sealant treatments to prevent cavities.

The Defense Department has asked for bids on the 2-year-old dental plan's contract. The successful bidder will operate the plan for one year beginning Aug. 1, 1990, with four additional one-year options. Delta Dental Plan of California, the current contractor, will operate the program through July 31, 1990.

The voluntary plan offers basic dental services such as periodic examinations, dental cleanings, fluoride treatments and X-rays at no additional cost to enrollees beyond the active duty sponsor's monthly premium. The cost of covered restorative services such as fillings, stainless steel crowns for baby teeth and repairs to dentures is shared by the contractor and the enrolled family.

Cost sharing of alternative

treatment" such as a crown for teeth that have four or more surfaces needing restoration is another benefit DoD would like to add. If the alternative treatment benefit is added, the Active Duty Dependents Dental Plan would share the cost of the crown up to what it would have been for a filling.

DoD also wants the contractor operating the plan beginning in August 1990 to have a public education program to encourage participation and help active duty families and dentists better understand the program's benefits. According to Herbold, special efforts will be directed toward informing service members returning from overseas duty about the plan's benefits. Because most military dental facilities in foreign countries are able to provide dependent dental care on a space-available basis, the plan is not offered outside the United States.

The Active Duty Dependents Dental Plan is sponsored by the seven uniformed services (the Army, Navy, Air Force, Marine Corps, Coast Guard and uniformed officers of the National Oceanic and Atmospheric Administration and the United States Public Health Service.) It is not a CHAMPUS program and has no connection to any covered medically related adjunctive dental benefits provided under the basic CHAMPUS program.

Chaplain's Corner

The Spirit of Thanksgiving

By LT Dong J. Weavick, CHC, USNR

The Bible records a certain incident in the life of Jesus. He was on His way to the city of Jerusalem. He stopped at a village along the way, and from a distance ten lepers cried out to Him for healing. Jesus instructed them to go and show themselves to the priest, as was the custom of the day. While on their way to the temple, all were miraculously healed of their disease. One of the men who had been healed turned around and made his way back to Jesus, where he fell on his face before the Lord, giving thanks to Him. Jesus questioned the man, "Were there not ten cleansed? Where are the other nine?"

Most of us know what it is like to do something for someone and not receive any thanks. Most of us, also, have experienced the kind deeds of someone else, at some time in our lives, and perhaps, we failed to give our thanks. Throughout the pages of the Bible, we are reminded of just how important it is to pause and give thanks. Nowhere does the Bible remind us to grumble and complain. We have learned to do that ourselves.

Henry David Thoreau once said that every human being ought to give thanks at least once every day, for the fact that he was born. We live in the greatest country in the world and have so much to be thankful for — not only during this season of thanksgiving, but every day of our lives.

Let's model our lives after the leper who returned to give thanks and develop within ourselves a sincere spirit of thanksgiving.

New course on hyperbaric physiology developed

WASHINGTON, D.C.—Armed Forces Institute of Pathology (AFIP) Division of Altitude and Hyperbaric Physiology has developed a new course, designed as an introductory orientation on hyperbaric oxygen therapy, research in oxygen physiology, diving and rescue operations. The training will include hyperbaric chamber and dive table technology and should prove indispensable to a broad range of specialists, including researchers, physicians, nurses, technicians and sport scuba divers.

The two-day itinerary (March 17-18, 1990) will include lectures, demonstrations

and two hyperbaric chamber dives of 60 feet sea water (fsw) and 135 fsw equivalence (participation in chamber dives is not mandatory for course completion). Guest lectures will include speakers from the Divers Alert Network (DAN), the Maryland Institute for Emergency Services Systems, the Naval Medical Research Institute and the University of Southern California's Catalina Island Hyperbaric Chamber.

CME credits

Course graduates will receive a certificate of completion, and professionally qualified students are eligible for approximately 15 CME credits.

The Armed Forces Institute of Pathology is located on the grounds of the Walter Reed Army Medical Center in northwest Washington, D.C. Registration for the March 1990 course is \$150.00 for non-federal personnel, and \$30.00 for military and other full-time federal salaried employees with authorization. Course fees are payable to the American Registry of Pathology.

Information

For course/registration information, contact: MSgt Frank J. Roberts, AFIP Division of Altitude and Hyperbaric Physiology, Washington, D.C. 20306-6000; (202) 576-2868, (AV) 291-2868.

American Airlines offers low military fares

For those of you who travel home for Christmas, American Airlines has announced that it is improving its military discount fare program for active duty military personnel and their dependent family members.

The new military fare structure features discounts of 50 percent or more anywhere American flies in the continental United States. Fares are for personal travel only, not reimbursed by the government. Cadets at all U.S. military academies also can take advantage of the special discounts.

These new fares have almost no travel restrictions, said Dave Maxwell, American's manager of military and government sales.

"This makes them especially good for military personnel, since much of their travel involves one way trips. Also these fares are an outstanding bargain and should give our military passengers a special incentive to try us," Maxwell said.

The fare is valid for personal travel at any time and also applies for travel on American Eagle, the regional airline partner of American. Seats at the discounted prices are limited, however, there is no advance purchase and no cancellation penalty.

At the time of ticketing, travelers must present proper military identification. Military personnel and their dependents are not required to travel together. Minor children must be accompanied by a military passenger or a dependent at least 12 years old.

Like most other major airlines, American also offer excursion fares at even greater savings. However, those require advanced purchase and are subject to restrictions that

may prevent service personnel to take advantage of the fares. Conditions and restrictions are as follows:

- Reservations must be made at least 14 days prior to travel.
- The non-refundable, non-changeable ticket must be purchased within 24 hours of making reservations.

• Round trips must include a Saturday night stay, and mid-week travel must be scheduled between 12 noon on Monday and 12 noon on Thursday.

(Editor's Note: This article doesn't constitute endorsement of American Airlines by the Red Rover staff.)

Your Gift Can Save a Life...



Support CFC Generously



Commander Dennis Adams is all smiles while Commander John Farnham pins his new collar device on the occasion of his promotion. Rear Admiral David Lichtman also showed up to do honors. Adams is the Officer-In-Charge of the branch clinic in Fallon, Nevada. Farnham is the hospital's assistant director for branch clinics. The event took place at a recent meeting of the heads clinics at Oak Knoll's "O" Club. (Photo by J01 Dan Guiam)

Let hospital keep your medical records

By Evelyn D. Harris
American Forces
Information Service

ALEXANDRIA, VA.—Military people and family members are not doing medical treatment facilities any favors when they hold onto their outpatient medical record. Instead, they should return it to the facility that is responsible for their records and their primary health assessment, said Navy Commander Barbara Ramsey.

Ramsey heads a triservice working group charged with getting out that message. The group found that many patients believed their records were safest if kept in their homes, desk drawers or even the trunks of their cars, she said.

Needs update

However, "patients can hurt themselves by keeping their records themselves," said Ramsey. "An outpatient medical record cannot be kept up to date with the most recent tests and examinations if the record is in the patient's possession. Frequently, consultations, laboratory reports and X-ray examination reports are lost to the record when the record is not on the shelf to facilitate filing when results are completed," she explained.

"This causes additional time, increased cost and room for error when reports and tests have to be repeated or phone reports obtained.

"In addition, any private insurance claims or possible VA benefits cannot be processed without your outpatient medical record on file," she added.

U.S. Government property

The outpatient medical record is the property of the U.S. government, not the patient. It is a chronological document of health care and is about the patient. Military hospitals are required to maintain outpatient treatment records for health care review and hospital accreditation.

"If a beneficiary needs photocopies of portions of their outpatient record for a valid reason," said Ramsey, "they should ask for assistance from the medical treatment facility's patient administration department.

"By letting Uncle Sam keep their medical record, patients can help their medical treatment facilities provide them with the most complete record — and the best possible care," said Ramsey.

New DRG cost-share announced

CHAMPUS beneficiaries who are other than active-duty dependents began paying a higher daily amount for most hospital admissions occurring on or after Oct. 1, 1989. The CHAMPUS diagnosis-related group (DRG) payment system in effect since Oct. 1987, now requires a cost-share payment that is the lesser of 25 percent of billed charges or a fixed daily amount of \$235.

Active-duty dependents continue to pay a small amount for each hospital day or \$25 for each admission, whichever is greater.

As a result of using DRG, average CHAMPUS costs for each admission have diminished, but daily hospital costs have increased, requiring CHAMPUS to raise the DRG daily amount for retirees and others. Despite the increased daily amount, beneficiaries will usually pay less and never more than they were paying under pre-DRG procedures.

CHAMPUS beneficiaries who have questions about DRG payments should contact the health benefits advisor at the nearest military hospital or clinic.

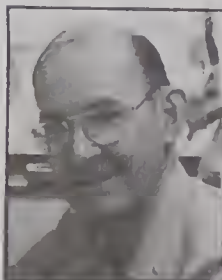
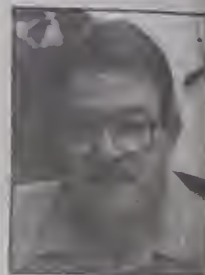
Talking Points:

"Why did you give to CFC?"

By Seaman Mark Herrington
Red Rover Photographer

RADM David Lichtman, Commanding Officer, Naval Hospital, Oakland:

"We in the Navy are fortunate to live in a community that takes care of its people. Not everyone is as fortunate. It makes me feel good to share my good fortune with others."



CAPT Jack Bartlett, Executive Officer, Naval Hospital, Oakland:

"...because God has given me a lot and I want to give something in return. Others have helped me along the way and now it's my turn."

SGT Kelly Rutz, Marine Liaison Office:
"I gave to particularly help the abused children because they are helpless and need all the support they can get."



HM2 Joseph Alto, Mobilization and Planning Office:

"I gave because the CFC-sponsored organizations contribute to programs that help people. And you never know when you might need their services."

LT JoAnn Faust, War 7-S:

"I saw first hand how the money I donated was spent when I worked for the Visiting Nurses Association of Atlanta, which is a non-profit agency."



SSGT Nancy Zaunbrecher-Payne, Marine Liaison Office:

"To support the youth organizations my children participate in."



1989-90 SCHEDULE OF NAVAL HOSPITAL OAKLAND MEN'S VARSITY BASKETBALL SCHEDULE

Date, Date	Opponent	Location	Time
Tues., Nov. 14	Treasure Island	Home	7:30 p.m.
Thurs., Nov. 16	NCS Stockton	Away	7:30 p.m.
Tues., Nov. 21	NAS Moffett	Field	7:30 p.m.
Tues., Nov. 28	USS Carl Vinson	Home	7:30 p.m.
Thurs., Nov. 30	NAS Alameda	Away	7:30 p.m.
Tues., Dec. 5	NSGA Skaggs	Island	7:30 p.m.
Thurs., Dec. 7	Mare Island	Away	7:30 p.m.
Tues., Dec. 12	Treasure Island	Away	7:30 p.m.
Thurs., Dec. 14	NCS Stockton	Home	7:30 p.m.
Thurs., Jan. 4	NAS Moffett	Field	7:30 p.m.
Tues., Jan. 9	USS Carl Vinson	Away (ALA)	7:30 p.m.
Thurs., Jan. 11	NAS Alameda	Home	7:30 p.m.
Tues., Jan. 16	NSGA Skaggs	Island	7:30 p.m.
Thurs., Jan. 18	Mare Island	Away (ALA)	7:30 p.m.
		Home	7:30 p.m.

USS Carl Vinson will play its home games at NAS Alameda
NSGA Skaggs Island will play its home games at Mare Island.

January 20-27, 1990
CPSC CHAMPIONSHIPS
SITE TO BE ANNOUNCED

Cross country team wins top slot



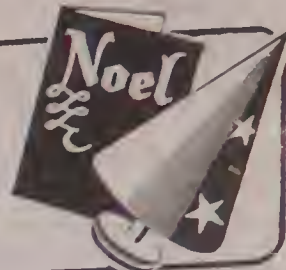
Naval Hospital, Oakland's team finishes first at annual cross country run sponsored by Central Pacific Conference at Concord Weapons station on October 14. The team is composed of (back row, left to right): Hospital Corpsman Third Class Dean Carman; Hospital Corpsman Third Class Steve Moore; Lieutenant Junior Grade Dave Sasek; (front row, left to right): Lieutenant John Varallo; Hospital Corpsman 2nd Class Janice Waltz and Captain Tom Dresser. (Official U.S. Navy photo)



MERRY CHRISTMAS

Holiday Tips

Pages 4, 5 and 6



RED ROVER

Volume 1, Number 3

Naval Hospital, Oakland

December 19, 1989



Rear Admiral David M. Lichtman, Naval Hospital, Oakland's commanding officer, assists Cedric Hill (right) and Ardeth Sklinchar cut the ceremonial cake on the occasion of the American Red Cross' 108th birthday anniversary. Hill is the station manager for the Red Cross Chapter at the hospital while Sklinchar is the chairman of volunteers. (Photo by SN Mark Herrington)

Red Cross commended

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND—"I enjoy being a Red Cross volunteer. You really have to like people to do this kind of work," said Anita Jones, one of over 70 Red Cross volunteers at Naval Hospital, Oakland.

It is this caring spirit that keeps Red Cross going strong in its commitment to help when people need it most.

In celebration of the American Red Cross' 108th birthday, Naval Hospital, Oakland's Chapter of American Red Cross was awarded a Letter of Commendation from Rear Admiral David M. Lichtman on November 22nd "for meritorious achievement and assistance in the performance of volunteer duties for the staff and patients."

"The Oakland Chapter of American Volunteers has been a mainstay of this naval hospital for many years," said Lichtman. "From the phar-

macy, to pediatrics, to recreational services, their quality work is well documented...."

According to Cedric Hill, the Chapter's station manager, Red Cross volunteers have been at the hospital ever since it was built, some 30 years ago. "We feel great about the commendation," he said. "We are grateful that (the hospital administration) took the time and made the effort to acknowledge the work we do. It stirred the co-workers."

Hill is the only paid staff member. He has been at Naval Hospital, Oakland for one year and oversees between 35 and 75 volunteers who write letters, run errands, coordinate arts and crafts and a multitude of other tasks.

Among other dedicated volunteers is Ms. Ethel Kalin who helps in the office. She's 84 years old and did Red Cross volunteer work in Westchester County, New York, during World War II. She wanted to do something similar when she moved out here three years

ago to be near her children so she looked up the hospital number and has been here ever since.

"I am a little old lady born in New York and proud of it," she said. "I love what I am doing and come here one day per week from 8:30 to 4:00 p.m."

Who are some of the other volunteers?

Ms. Irene Figroid helps enrich patients' lives with arts and crafts projects while Ms. Blanche Duarte runs errands, write letters or bake cookies for ward residents on the 6th, 8th and 9th floors.

Ms. Gloria Hewitt and Ms. Mary Passanisi are among the volunteers of long standing. They've been at Naval Hospital, Oakland for 30 years. With others, they serve in a variety of areas such as case workers, personnel services, recreation, disaster and safety, to name a few.

Whatever the assigned task, the hospital staff is grateful for their presence. "Their friend-

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Oak Knoll hosts civilian medical group

by JO1 Dan Gulam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND—In an effort to relieve the short staffing of Navy nurses at Naval Hospital,

Oakland (NHO) through recruiting, a group of over 35 civilian medical personnel consisting mainly of nurses and nursing students were invited recently to tour the

hospital and meet with their counterparts. Their visit was focused on showing them first hand what pride and professionalism are all about at Oak Knoll.

"We want them to see the hospital and meet with our true professionals there," said Lieutenant Roger Whetstone. "The pride and professionalism of Navy nurses run deep. They believe in what they do, and this is what sells or attracts people to come in, even in a high cost location such as the Bay Area." Whetstone serves as the medical programs officer for the Navy Recruiting Command Area Eight. He coordinated the successful visit with Commander Mary Ellen Quinn, NHO's manpower advisor for Nursing Services.

"It would not have been an overwhelming success unless

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A Navy nurse with Recruiting Command Area Eight talks about pride and professionalism in the Navy Nurse Corps. (Photo by JO1 Dan Gulam)



Panelists Commander Melissa A. George (right) and Lieutenant Rita M. Sullivan listen attentively to the discussion. (Photo by JO1 Dan Gulam)

Efficiency review is a must

By Andree Marechal
Workman

Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND—Charts...charts...and more charts that can be mind-boggling. Charts with work measurements, with process definitions. Charts with requirements, with performance indicators, with quality indicators. Charts with timeliness indicators and maintenance plans. The list is endless; the methods exacting.

People are interviewed in their work centers, data is entered in computers, statistics are compiled, forms are typed, reports and sub-reports are produced and, eventually, your job is made easier and health care beneficiaries are happier.

This efficiency review (ER) scenario is part of an on-going

process aimed at streamlining, hence improving health care delivery and graduate education at the hospital. It is a very important study which is not always understood, said Dave Clark, head of the command Evaluation Department.

Clark leads a team charged with justifying Naval Hospital, Oakland's manpower to the Bureau of Medicine and Surgery (BUMED), the Chief of Naval Operations (OPNAV) and Congress. It is a very detailed study of the hospital's workload and taskings for assessment of each work center's efficiency, Clark explained.

"It is not well understood that it is necessary to justify what work centers are doing so they don't lose the manpower and other resources they have," Clark pointed out.

The work centers' personnel will not only keep their manpower and resources, but their job will also be made easier. Once each and every position and billet at the hospital has been evaluated in terms of time vs. process, in cooperation with total quality management (TQM), the ER team will be able to set goals and make recommendations toward "zero process problems," he continued.

In other words, ER team critically examines the work centers' process and come up with efficient ways of doing business.

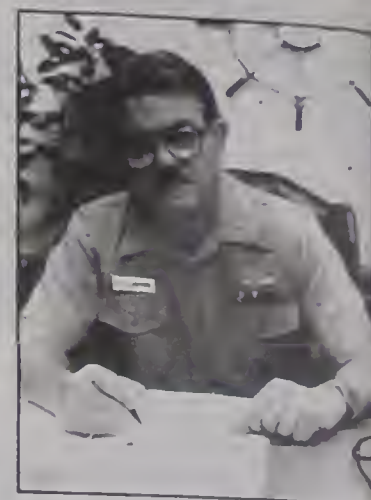
"We are a facilitator," Clark said. "The people in the work centers give us the information, we analyze it, and we go back to the work centers' heads and subject matter ex-

Con't. on page 8

From the Commanding Officer RADM David M. Lichtman

Our eyes and the main lobby of a building have one thing in common. If the eyes are windows to our soul as the saying goes, the main lobby also reflects the kind of organization that is housed inside. Whatever the visitor encounters at the main entrance will surely have a lasting impact on what he or she thinks of the organization. I believe that this is even more true in a hospital, where a patient must place his or her life in the hands of those inside.

"We care." That's why Oak Knoll is a very special place. Our patients are the primary reason we exist at Oak Knoll—to give them the very best medical care available. It is, therefore, imperative to show that we care from the moment they step in the lobby till they leave the hospital. We have a brand new lobby, recently remodelled to reflect the quality of medicine we practice and the pride and professionalism we are well known for throughout the Bay Area and in the Navy. The tasteful renovation and comfortable atmosphere are just the beginning of the many innovative changes that Oak Knoll will pursue to welcome a new era



in Navy Medicine as we face the 1990's.

Looking back over the past year gives me a feeling of pride and gratitude, for it has been a good year. The outstanding devotion to duty of every staff member and the wonderful loyalty of our patients have made it so.

Now at this season of "Peace on Earth, Goodwill to Men," it is a pleasure to wish you and all of your families the joy of Christmas and good health, much happiness, prosperity and continued peace in the New Year.

Drive safely and have a happy holiday season!

In Alameda

Branch medical clinic gets new OIC

By Patricia Calvert
NAS Alameda

Public Affairs Office

NAVAL AIR STATION, ALAMEDA—On Christmas Eve Lieutenant Commander (selectee) Rodney D. Linville, NAS

Alameda's current officer in charge (OIC) of the branch medical clinic will celebrate his 19th year in the Navy.

When he received his draft notice Christmas Eve in 1970, Linville left his hometown of

Livingston, Calif., and his job as a farm hand to join the Seabees. But Navy, had something else in store.

"My first three choices were Seabees occupational ratings and the fourth was Hospital Corpsman. That was the one they felt I was best qualified for."

After hospital corps school, Linville found that he was really interested in the medical field.

"During my first assignment at the Naval Hospital, San Diego, I began to like my medical occupation so well that I decided to do one more assignment and it built from there."

"Now I have a career that I am very proud of," said Linville.

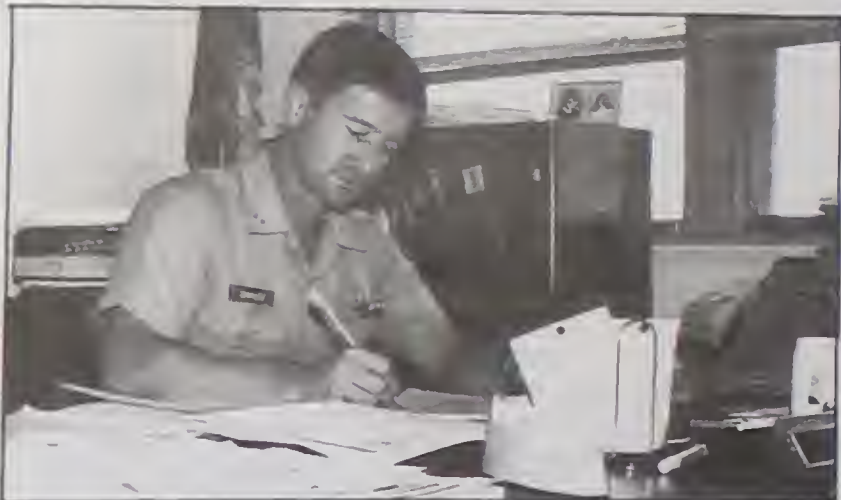
Assigned to NAS Branch Medical Clinic for a month, Linville has already familiarized himself with his duties, which include providing management for the clinic and medical support for the ships in port.

"I spend way too much time in here," Linville said laughingly. "I have a bad habit of coming in too early and leaving too late."

Although Linville has only been at NAS for a short time, he and his wife Carol and their two children, Matthew, 17 and Cara, 14, have resided in the Bay Area for more than a year.

"For the last two years I have been assigned to the recently disestablished Naval Medical Clinics Command, San Francisco," said Linville. We became a part of Naval Hospital, Oakland, after that. I was assigned to the occupa-

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"Now I have a career that I am very proud of," said Lt. Rodney D. Linville, OIC of NAS Alameda Medical Branch Clinic. (Photo by Patricia Calvert).

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

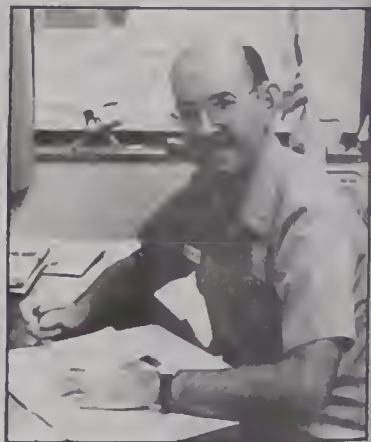
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Commanding Officer . . . RADM David M. Lichtman, MC, USN
Executive Officer . . . CAPT Jack W. Bartlett, MSC, USN
Public Affairs Officer . . . Diane LaMacchia
Editor . . . JO1 Dan Guiam
Photojournalist . . . JO2 Tami Begasse
Editorial Assistant . . . Andree Marechal-Workman
Staff . . . YNSN Tom Rizzo
SN Mark Herrington
SN Laura Martin

From the Executive Officer CAPT Jack W. Bartlett

Well, as you know poor Santa has a tremendous job delivering presents throughout the United States all in one evening. Has there been an occasion or two this year when you felt as though the task at hand was equally insurmountable?

As you know, in the old days Santa on one of these particularly difficult times called on Rudolph to help him. I think you know the story... It was a foggy night, he needed someone to lead the way; and Rudolph with his nose so bright was called on. The significance of that story goes beyond the initial story itself, and has to do with the writer. Back in 1938 in the Montgomery Wards store in Chicago, Illinois the boss said, "Our advertising is not working, we need a catchy poem." "Bob May, will you please provide me with one." He went home, thought it over, considered his pending problems at home, the stress of his wife who had a terminal illness. He visited the local zoo and then wrote Rudolph the Red Nose Reindeer. I share this with you so that you might realize that Rudolph had a special talent, and that's why Santa Claus



capitalized on that. And, as you can now surmise from the story, the boss realized that Bob May had a special talent, and that's why although it was a bad time, he was tasked with writing that poem.

So throughout this season, and through the coming year if you will, each of you obviously have some special talent, and I ask you to consider them, explore them, and expand them so that 1990 might be the best possible year ever.

**Have a safe
holiday season!**

Staff judge advocate addresses legal issues on illicit drugs

(Editor's Note: In the Nov. 17th issue of the Red Rover, we ran a story on the hospital's strict adherence to the Navy's zero tolerance drug abuse program and clearly spelled out where the hospital stands on the subject. In an effort to sort out the possible legal actions this command will pursue in case someone is caught using, possessing or distributing illicit drugs, JO1 Dan Guiam, Red Rover editor, interviewed Lieutenant Commander Edward F. Cotter, Jr. for a comprehensive look at the matter. Cotter is the command staff judge advocate. The following is the transcription of the interview:)



RED ROVER: What is your assessment of the drug situation at Oak Knoll?

LCDR COTTER: We're like any urban area where access to drugs, unfortunately, is very easy. Downtown areas are places where people can get drugs so the temptation is there. As far as the amount of usage, we're like any other Navy unit in the Bay Area — we have a very small percentage of people who, unfortunately, have continued to get involved in drugs. The vast majority in this command don't.

RED ROVER: The small percentage of drug use in this command looks promising, but what do you think is the main reason this small percentage resorts to drugs?

LCDR COTTER: Peer pressure. People put themselves in situations where drugs are being used. Based on my 10 years experience as a legal officer, people who get in trouble are those who hang around with people who use drugs. They eventually use drugs, either in a moment of

weakness, or maybe they've been drinking and they make a bad decision to smoke marijuana or use cocaine. Maybe they are at a party where drugs are being used. I think the single most important thing that people could do to stop drug use is not to associate with drug users. Most personnel understand the Navy policy on drug use but they still get themselves in situations where they make a bad choice or decision.

RED ROVER: What is your role in the implementation of the command's zero tolerance to drug abuse?

LCDR COTTER: My role is very simple — the application of the Uniform Code of Military Justice (UCMJ) which spells out the rules against drug use. And the rules are very simple to state: Any controlled drug is illegal to possess, to distribute to another person, or to use. When you're dealing with prescription drugs, they should only be used when you have a prescription from your doctor. I've seen situations where people have used someone else's drug prescription. That's illegal. The rules are relatively clear on what we should do. My role is to enforce the rules through investigations and referring cases to captain's mast or court martial, where appropriate when dealing with serious offenses. I make sure all these processes work smoothly.

RED ROVER: What article in UCMJ covers the use of illegal drugs?

LCDR COTTER: Article 112a, which is a relatively new article written about five years ago. The major controlled substances that we see in the Navy are really just a handful. The number one problem right now is cocaine. Marijuana and amphetamines are also a problem. Occasionally you see opiates or codeine, and very infrequently, you see heroin use.

RED ROVER: How many cases of drug use do you handle?

LCDR COTTER: We probably average two cases per month, or approximately 24 cases per year.

RED ROVER: Is that good or bad news?

LCDR COTTER: I think it's good in the sense that it represents a very small number compared to the total number of people assigned to

this command. It's also bad because everybody should understand zero tolerance.

RED ROVER: If a person is put on report for drug use, how do you handle the case?

LCDR COTTER: The process is the same as for any offense. We conduct an investigation to find out what happened, and the person is given an opportunity to make a statement. Assuming the person is guilty, we also talk to the entire chain of command to get a recommendation on what punishment should be given, and what do to with the person. Any person who shows up positive for drug use can be separated from the Navy. In the case of E-6 and above, it's mandatory separation. E-5 and below can have a second chance if the person shows exceptional potential for further naval service, if they are excellent sailors. So we are asking the chain of command to tell us what kind of a worker we're dealing with. If the offender is a discipline problem or a bad worker to begin with, the person is probably going to be thrown out of the Navy right away.

RED ROVER: Why so hard on E-6 and above?

LCDR COTTER: That's a policy set by the Secretary of the Navy. We have no control over that. The reason is because E-6 and above are the leaders. Anyone wearing khaki or who is a first class has a natural leadership position. Any illegal drug use or involvement in that leadership is completely contrary to the Navy policy. If you're an E-5 and below and you use it once, you can continue on, but you're going to be placed in an after-care program or appropriate counseling. You also have to give a urine sample (what we call 2 by 6 program) two times a week for six months. If you show up positive on the urinalysis while under this program, or get caught in possession or distributing drugs, you can't stay in the Navy. A second incident is mandatory processing.

RED ROVER: What kind of punishment do drug offenders get?

LCDR COTTER: Most of the people end up getting other than honorable discharge, which is the lowest type of administrative discharge. We even had recent cases of two individuals who were involved in drug use to the extent they were sent to special court martial and received bad con-

From the Command Master Chief HMCM Mike Stewart

THE OMBUDSMAN ... It's the middle of the night, you are away on temporary additional duty (TAD), and your spouse has a problem and needs help. Who does he/she turn to? Thousands of Navy spouses and dependents find themselves in similar circumstances every year and turn to ombudsmen for help.

Ombudsmen are primarily a liaison between the commanding officer and families.

As such they are excellent information sources — they can tell you where to find help, and they are used to getting phone calls in the middle of the night. Many ombudsmen describe their roles as similar to that of a command master chief (CMC). The CMC is a link between the enlisted personnel and the commanding officer (CO). The ombudsman is the link between the families and the CO.

One of the functions is to pass on complaints, remarks and suggestions from the families to the CO. Another aspect of the job, of equal importance, is to pass on information to the families. In ad-



dition to two-way communication between the CO and families, ombudsmen reach out to individual families with friendship, information, problem solving and a helping hand.

Naval Hospital, Oakland, has recently selected four outstanding individuals to serve as our ombudsmen. They are Patrice Lappert, Mary Jo Bruckner, Alice Poole and Jane Timoney. You will be hearing from them soon. Watch for future issues of this paper for interviews with these important ladies.

duct discharges.

RED ROVER: When does a person get a bad conduct discharge?

LCDR COTTER: You have to go to a court martial to get a bad conduct discharge. It's a punitive discharge which has to be awarded through a court. The discharge that I was talking about earlier is administrative only, handled through NMPC (Naval Military Personnel Command). The other type is a court martial where you go in front of a judge, you have a trial, you have a defense lawyer, and a prosecuting attorney. If you're found guilty for multiple drug use, you'll likely end up with a bad conduct discharge.

RED ROVER: Did you say multiple drug use? I thought you were separated automatically if found guilty the second time?

LCDR COTTER: Yes, like three times. We had people show up positive on the random urinalysis three times very rapidly. Based on that, they were court martialled and did receive a bad conduct discharge. We had a case of an individual offering to sell marijuana. He went to a general court martial, which is the most serious court martial, received a dishonorable discharge, and 1½ years in jail plus other punishments. I've also been involved in a case

where we had a sailor selling LSD on board an aircraft carrier. He was sent to a court martial and received a 15-year sentence.

RED ROVER: How long does the processing for separation take?

LCDR COTTER: The process can take anywhere from three weeks to three months. Usually the major difference is whether the person elects an administrative board or not. If they don't, the process is fairly rapid. If they do elect the administrative board, it takes more time. It takes time to put the board together, hold the board, and submit the results of the board. It takes NMPC anywhere from 10 to 30 days

Con't. on page 6



Buy safe and appropriate toys for children

By Evelyn D. Harris
American Forces
Information Service

Santa Claus checks his list twice. So should everyone else who is buying toys—to make sure they are safe and appropriate for the age of the child who is going to receive them.

Debbie Tinsworth, a statistician for the Consumer Product Safety Commission (CPSC), said there were 142,000 toy-related

injuries that required trips to hospital emergency rooms last year. Children under 5 made 72 percent of those trips.

Fortunately, most of the injuries did not result in death or permanent damage. But there were some fatalities: Most involved choking on balloons or small balls. Other toy related deaths and serious injuries involved riding toys that were ridden into traffic or swimming pools.

Tinsworth said that most toy tragedies were not caused by defective toys. The tragedies occurred when young children got hold of toys with parts that were too small for them to use safely or when young children on riding toys were not supervised.

The Consumer Product Safety Commission does not classify bicycles and skateboards as toys and lists those injuries separately. In 1988, 525,000 bicycle injuries and 80,000 skateboard injuries required hospital treatment. Three-quarters of the deaths from bicycle accidents involved head injuries, so giving your child a helmet along with the new bicycle would be a good idea. Tinsworth said the Safe Kids Program, part of the curriculum at DoD Dependents Schools and most public schools, is emphasizing the importance of wearing helmets.

Richard Ziegler, acting chief of the Army and Air Force Exchange Service's Technical Branch for Quality Assurance, said the two points that cannot be stressed too often are:

"Be a reader when buying toys, and supervise children when they're playing."

Ziegler advised parents to read and heed age limits and safety warnings on toy packages.

Age recommendations are put on products primarily for safety reasons, said Tinsworth, and products that specify "not for use by children under 3" usually contain small parts or could otherwise constitute a choking hazard. She said that toys stating "not for use by children under 8" often contain sharp points.

Ziegler said that he has seen great improvements in the safety of toys over the years. "Toy manufacturers are much more concerned about safety. The Consumer Product Safety Commission has made a difference. AAFES signed a memorandum of understanding with the CPSC last January, and it has been working well. We've alerted them to some safety hazards, and they've told us about others," he said.

Before buying toys for the

exchanges, quality assurance people check them to make sure there are no safety hazards. Among the things they want to avoid are:

- ☐ Sharp points and edges;
- ☐ Small parts on toys for young children;
- ☐ Loud noises that can damage hearing;
- ☐ Absence of appropriate warnings, such as the warning on cap guns not to fire them near the face or head;
- ☐ Burning hazards, such as toy stoves that can burn a child.
- ☐ Strangulation hazards, and
- ☐ Entrapment hazards, such as toy chests that can smother a child or injure him if the lid falls.

Both experts agree that safety warnings and well-designed toys are not substitutes for proper supervision of children. It's important to teach older children to keep their toys with small parts away from infants and toddlers.



Deck the halls, but do it safe

Decorating a Christmas tree, lighting scented holiday candles and dressing up the front door are all part of the magic of Christmas. But a little caution in decking the halls can keep friends and loved ones from tragedy.

Last year, the Consumer Product Safety Commission estimated that more than 4,000 persons were treated in hospital emergency rooms for injuries related to Christmas tree lights and non-electric Christmas decorations.

Allan Zenowitz, chairman of the Department of Defense Fire Protection Committee, stressed the importance of buying quality decorations, both for safety and lasting value. Buy light sets that have been certified safe by Underwriters Laboratory (UL) or Factory Mutual (FM).

If you are using lights purchased in a previous year, Zenowitz suggested getting them out and testing them early to make sure wires are not dried and mangled and all of the bulbs work. That way, you'll have time to replace them if necessary.

If you live on base and plan to purchase a live tree, make sure it is permitted. Some in-

Con't. on page 5

Historical Footnotes:

Operation Santa Claus brings magic to Oak Knoll

A ray of sunshine brightened the lives of Oak Knoll's Korean casualties when, on December 23, 1952, Edgar Bergen, his (then) six-year-old daughter, Candy, and Charlie McCarthy appeared at Oak Knoll as part of the "Operation Santa Claus" tour that took them to Army, Navy and Veterans hospitals throughout the nation.

They put on a show in the hospital's main auditorium and toured the wards with gifts for every patient.

"Charlie and I want to say Merry Christmas to every sailor, soldier and Marine wounded in the Korean conflict," said Bergen.

This was the trio's 4th visit to Oak Knoll and their second CBS-Radio backed nation-wide appeal for gift donations to project "Operation Santa Claus."

Edgar Bergen and Charlie McCarthy were back for a repeat performance in December, 1965 — this time entertaining the wounded of the Vietnam conflict. They brought old friends (Mortimer Snerd and Effie Clinker) and new friends (among others, Hollywood actress Yvette Mimieux and Gomer Pyle, the whacky hillbilly Marine of television fame, otherwise known as Jim Nabors).

Nabors sang hillbilly songs

and told hillbilly jokes as only he could. Mimieux distributed autographed pictures, and it is rumored that Snerd and Clinker were put on report for failure to show proper respect for an admiral.

According to the December 17th issue of *The Oak Leaf*, they came as part of a show organized by Master of

Ceremonies Johnny Grant. A grand time was had in the wards when, along with TV actor Louis Quinn and Miss Beverly Hills, Sabrina Scarf, actor William Lundigan and others, they sang to the music of Earl Colbert and Ollie Harris, played, told jokes and visited with wounded Marines and sailors.

In the evening the Hollywood troupe put on a show "the likes of which (had) not been seen in the Oak Knoll auditorium since the Korean War," said *The Oak Leaf*.

Arrangements for the actors' trip were made by the Navy Information Office in Hollywood and the hospital's Special Services.



Gomer Pyle (Jim Nabors) singing for his friends at Oak Knoll during the Vietnam conflict. He's accompanied by Earl Colbert ND Hollie Harris.

December 19, 1989

Red Rover

Chaplain's Corner

Making the Most of Your Holiday

By LT. Karla M. Seyb-
Stockton
Pastoral Service

NAVAL HOSPITAL, OAKLAND—This holiday time of year, with its strong traditions and our high expectations for fun and festivity, is often a time of "high anxiety." We have somehow come to believe that our holiday celebration must be perfect—with just the right combination of decorations, special food and treats, family and friendly get-togethers, new clothes and, of course, gifts for all. We worry about what people will think of the gifts we give. We pressure ourselves into thinking we must be able to read the minds of family and friends so that the gifts we give them will be "the perfect gift" — Just what they wanted."

Holiday blues

With all this pressure and stress, some of us end up with a headache and a holiday season that was somehow less than what we'd hoped for. We sense that something was lacking and we tend to blame ourselves. We think we should have done something more, or better, or somehow different.

Deck the balls

Con't. from page 4

stallations prohibit live trees.

The fresher the real tree, the safer and prettier. Safety experts suggest buying the tree early and placing it in a stable, water-holding stand as soon as possible. Before putting the tree in water, cut about two inches off the trunk—at an angle if your stand will permit. An angle cut allows maximum water absorption.

Place the tree away from fireplaces and heat sources, and make sure it does not block the room's traffic pattern or doorway.

Provide substantial support for the tree, whether real or artificial.

If you're buying an artificial tree, look for a label stating it's been tested for flammability. Read the safety instructions that come with the tree. Metallic trees bear warnings to use colored spotlights rather than string lights, for example.

If you're using an extension cord make sure it's in good condition and don't overload it. Place it where no one will trip over it.

Don't permit smoking near the tree or wrappings.

Supervise young children and young pets near the tree. Teach children to care for it safely.

Well, maybe we should. The word "holiday" breaks down into two parts: Holy Day. That is our first clue in the search for a more meaningful holiday celebration. Reflecting on what goes into a good Holy Day celebration we find that the focus of our thoughts makes a subtle shift. We stop worrying so much about pleasing others while making ourselves miserable. We begin to focus on what we have to

offer those less fortunate as we count our many blessings.

We take time to be with people in worship as we center in on the real reason for the celebration. The parties and the gifts and the stress take their rightful place of lesser importance. They are fine as long as they don't become a barrier to our sensing the presence of God in our lives during this holy time of year.

Annual tradition

Oak Knolls X'mas tree lit

Oak Knoll's lobby wasn't decked with boughs of holly, but there were plenty of tra la la..la las during the second annual Christmas tree lighting ceremonies on December 13th.

Captain Stephen Veach lit the tinsel garlanded tree while the hospital family sang to the music of Commander Wayne Bouck's steel guitar. Familiar carols — "Silent

Night," "Jingle Bells," "Frosty the Snow Man" and more — echoed through hallways while kids from pediatrics helped grown ups in the calories saving department — eating sugar cookies and drinking hot chocolate with gusto.

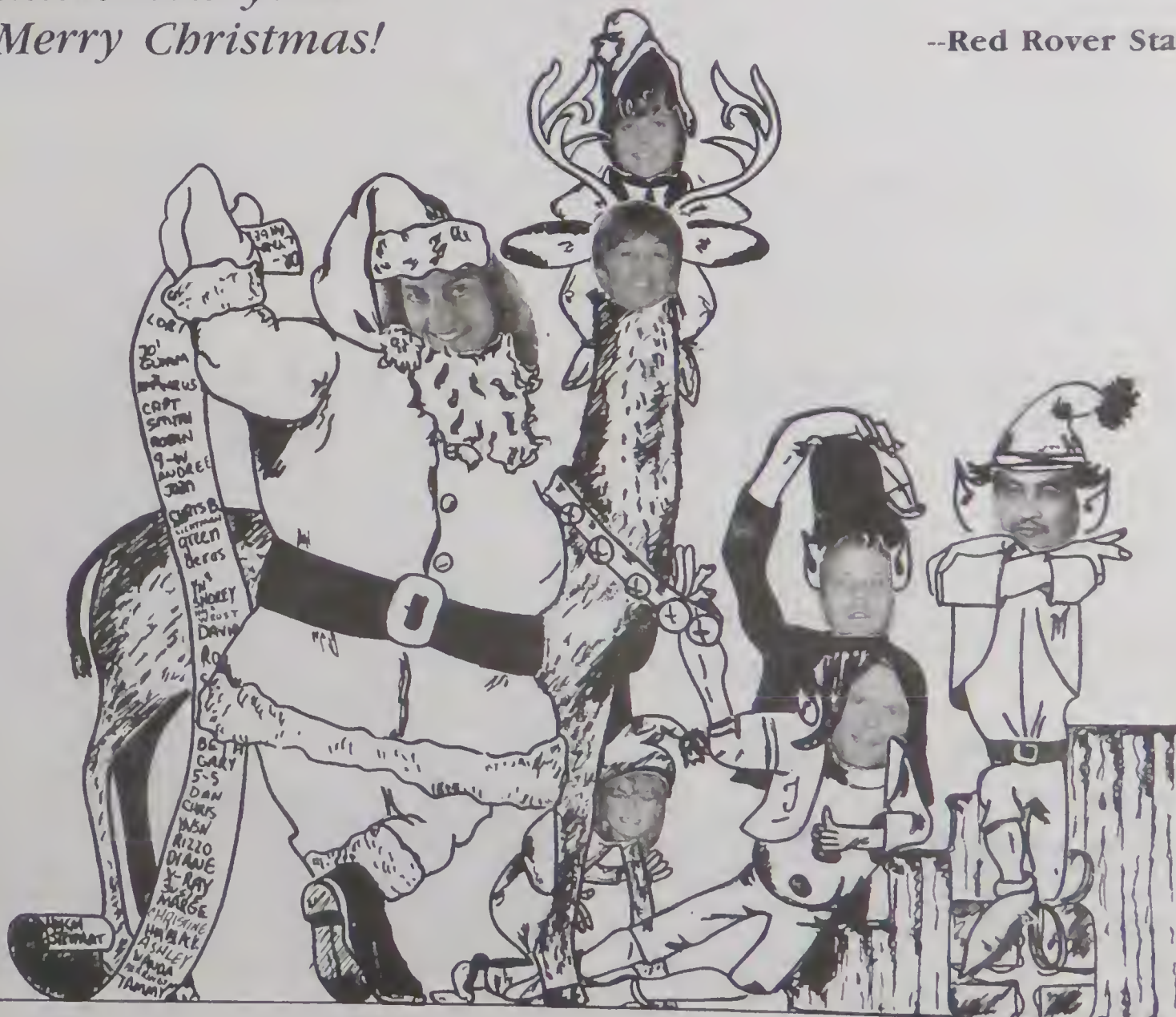
A grand time was had by all as Oak Knoll's holiday season got a resounding start once again. \



May the joy and beauty that is the true spirit of Christmas continue throughout the season and the entire new year.

Merry Christmas!

--Red Rover Staff



Up-Close**RPSN Philip L. Jones**

Naval Hospital, Oakland

**Name, rank and title:**

Phillip Lushery Jones, Religious Program Specialist, USN

Date joined the Navy:

November 24, 1986

Why did you join the Navy?

For educational opportunities

Work center:

Command Education Department, NHO

Job description:Command orientation technical coordinator,
Education and Training's administrative assistant**The most challenging part of my job is:** assuring the proper functioning of command orientation and Mercy orientation.**Without my skills and expertise, my work center wouldn't be able to effectively:** function without administrative support.**Hometown and what it's famous for:** Atlanta, GA. Known for the Martin Luther King Memorial, Stone Mountain and Six Flags over Georgia.**Likes:** Fine music, good wine, a good sense of humor in the proper place.**Dislikes:** Negative thinking, lack of self-direction and music that doesn't make musical sense.**Role model/heroes:** My role models are people with a strong sense of who they are and who created them. People who look to the hills for strength and direction, not the drug dealer.**If I could do it over again:** I would not change anything. I feel all my experiences have contributed to make the well rounded person I am.**I wish I could stop:** making impromptu decisions.**I respect myself for:** not killing the next door neighbor with loud music at 3 a.m. No, for the ability to love myself for me.**My immediate goal is:** to obtain a master's degree in music and become the best musician that I can.**Waistline alert****Eating Your Way Through the Holidays**By Lt Gerri-Lynn F. Ricciardi,
Registered Dietician

NAVAL HOSPITAL, OAKLAND—Around the world Christmas is celebrated in many languages, by various traditions and by eating, shopping and carolling. Unwanted pounds may also be part of this exciting season. The holiday season can be a joyous experience shared with family and friends, but not if you find that eating those foods adds unwanted pounds. Holiday foods are usually sweet, rich, or both, which means excess calories.

How can you celebrate without putting on those extra pounds? Start by planning the holiday with the waistline in mind and prepare traditional foods with low calories in mind.

Celery and carrot sticks, radishes, cucumbers, cauliflower and other raw vegetables add crunch to the menu and are perfect appetizers. Those high fiber, low-cal foods will take the edge off your appetite so you won't want to eat quite so much of the main dishes. However, stay away from such appetizers as olives, chips and fried vegetables; and go easy on the vegetable

dip, another source of hidden calories.

Generally speaking, potatoes and vegetables served in standard half-cup portions are not high in calories. However, method of preparation and serving size can change that. Cut down on the quantity and type of fats you add to prepare vegetables and potatoes. Typical fats include ham hocks, fat back, bacon drippings, butter, margarine, sour cream, cheese and hollandaise sauces and meat gravy. Choose plain salads and vegetables instead of creamed, candied or cheesed dishes. Vegetables are your best friend and can help you get through the holiday meal without much damage if you steam them and leave off all the fat-laden calories.

Turkey is an ideal food because it is a relatively low-calorie, low-cholesterol and low-fat food. Fresh or frozen plain turkey is the most nutritious. In contrast, frozen self-basting turkeys are injected with solutions of broth and butter or cooking oil. That adds about 2400 calories and high sodium content. Another drawback: the basting fluid adds weight and cost to the turkey. You pay for the basting fluid at the same rate as the turkey meat. If you insist on



using a self-basting turkey, avoid the ones injected with oils containing saturated fats, such as those found in butter and palm and coconut oils. Eating saturated fats tends to raise the level of cholesterol in your blood. Choose self-basting turkeys that contain unsaturated vegetable oils such as corn, cottonseed or safflower. Read the label. Roast the turkey at 325° F without additional fat. Cook until it is done, but avoid overcooking, which dries the meat out and tempts you to add more gravy (additional calories) to make it moist.

Cut down on the serving size of stuffing or bread dressing. Most dressings have plenty of

Con't. on page 7

Drug abuse Continued from page 3

to respond to the submission. So it can be as quick as three weeks, or it can be as long as three months.

RED ROVER: When you talk about board, are you referring to a panel of investigators?

LCDR COTTER: It's a panel of three officers who will consider whether or not the person has a potential for service. There's also a recorder, an officer who presents the information to the board, and the individual is given a lawyer. So it's almost like a trial except an administrative procedure instead of a court martial.

RED ROVER: Can you give me an idea what kind of punishment an offender will get if found guilty through administrative procedure?

LCDR COTTER: We had a CO's mast the week of November 8 and the person was awarded forfeiture of \$349 pay per month for two months, 45 days restriction for two months, 45 days of extra duty and reduction in rate to E-1. This person got the maximum non-judicial punishment available for using cocaine. Drug use is considered ex-

tremely serious. The CO has to evaluate each situation differently. But let's just say drug abuse is one of the most serious offenses we're dealing with in a captain's mast.

RED ROVER: What is your advice then, to those who wouldn't take heed of the Navy's zero drug tolerance?

LCDR COTTER: The best answer is to stay away from situations where drugs are being used. If your friends are using drugs, you're at risk of using drugs too. You shouldn't have friends who use drugs. It's not consistent with the type of military we're running today. If you need help to

avoid it, we have help — the DAPA, the chain of command, or you can come to the legal office and we can discuss with you the programs that are available. I think it's usually not a matter of being compelled to use drugs. It is usually a matter of peer pressure and the easy availability of drugs. So if you make up your mind to stay away from drugs and you accidentally find yourself in a situation where drugs are being used, it's time for you to go home. You should leave the party, or find a new place to go for clean fun because sooner or later, there's going to be a problem if you're near it.

If you must drive, drive safely

NAVAL HOSPITAL, OAKLAND—With the current holidays and the attendant holiday cheer, staff members at Oak Knoll who must drive are urged to be the best and safest driver on the road, observing the following safety oath from the National Association of Insurance Agents and National Committee for Traffic Safety:

"I solemnly pledge to my fellow man that I will faithfully observe the rules of the road, extend the accepted courtesies of the highway, and be ever-alert in the operation of my automobile so that she/he, whether she/he be pedestrian or driver, shall enjoy the same privileges as I, with every assurance of safety."

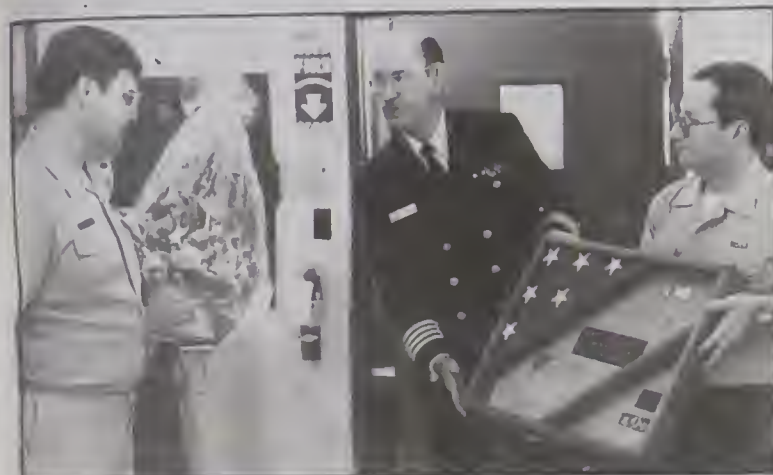
December 19, 1989

People, Places and Events



NHO honored

Rear Admiral David M. Lichtman, Naval Hospital, Oakland's commanding officer, displays the plaque presented to the hospital by the Sacramento-based Foundation Health Care Corporation, while he shakes hands with Ernie Givani. The presentation recognized the hospital's outstanding cooperation with Foundation Healthcare in its commitment to give the best possible healthcare to eligible beneficiaries in the Bay Area. The corporation was awarded last year the potential five-year, \$3 billion CRI contract to hold down CHAMPUS costs. CHAMPUS, or Civilian Health and Medical Program of the Uniformed Services, is the federal government's supplement to health care for military families. Givani is the corporation's Bay Area regional director. (Photo by J01 Dan Gulam)



Saxer retires

Senior Chief Hospital Corpsman Edward L. Saxer of Med Repair takes a nostalgic look at the shadow box presented to him by Captain Jack W. Bartlett (middle) and Hospital Corpsman Second Class Randy Wells during his retirement recently. The shadow box contains the senior chief's list of duty stations and dates of each rank he attained in the promotional ladder. (Photo by SN Mark Herrington)



Wales promoted

Lieutenant Commander Robert A. Wales of Internal Medicine beams with pride as Rear Admiral David M. Lichtman, assisted by Wales's wife, pins his new shoulder board on the occasion of his promotion to current rank. (Photo by SN Mark Herrington)

Red Cross Continued from page 1

ly smiles and caring attitudes are great supporting factors in keeping morale high," Lichtman added. "We thank each

and every Chapter member from the bottom of our hearts and say "Well done! keep up the good work."

Hails and Farewells

Welcome Aboard:

CDR Gerald A. Burger Jr.
CDR Robert B. North
LCDR Albert Cook
LCDR Laszlo Navradszky
LT James Weadick
LT Nick Karpachinski
LT Antoinette A. Whitmeyer
ENS Dawn Dennis
ENS Nancy Franze
ENS Ramon Galvez
HMC Johngregorio A. Eslao
HMC Myrtle J. Jones
HMI Myrna T. Catubay
HMI Michael J. McManus
HMI Duane L. Olson
ETI Timothy L. Strangeway
HM2 Gregory E. Jamison
HM2 Edna L. McDonough
HM2 Linn A. Meyers
HM2 Charles E. Zinski
HM3 Edward Asselin

Awards

TEN YEAR

LENGTH OF SERVICE AWARD:
Linda A. FayedIND HYG
Patricia A. LanierPEDS
Melvin LipseyFIRE
Lurine LloydCSR

TWENTY YEAR

LENGTH OF SERVICE AWARD:
Betty F. AndersonCIEM LAB

THIRTY YEAR

LENGTH OF SERVICE AWARD:
Shirley A. FrothinghamPT ADMIN

GOOD CONDUCT AWARD
(FIRST)

HM2 Renilo G. AcostaCLIN LAB
HM2 Lewis I. BassistUROLOGY
HM3 John M. CarlisleRESP THER
HM3 Michael P. DoranXRAY
HM3 Jared L. Johnson Jr.

.....MAIN OR
HM3 David L. KlesmithPT/OT
ABF3 Dimas F. Martinez Jr.

.....Security
HM3 Anthony D. SchroederXRAY
DN Danilo S. DizonDENTAL

GOOD CONDUCT AWARD
(SECOND)

HM2 Quirino A. DediosCLIN LAB
HMC David W. SegoSPEC SVCS
HM3 Rodney F. StrongENT

GOOD CONDUCT AWARD
(FOURTH)

DT1 Juan I. Ramos Jr.DENTAL

GOOD CONDUCT AWARD
(FIFTH)

MS1 George A. DiazBEQ

NAVY ACHIEVEMENT MEDAL:

LCDR Nancy M. LindstromNSHS
LCDR Susan B. RuffridgeNS 8N
LT James D. WeadickCHAPLAIN
SM1 Ronald O. DarnellCOMM
HMI Renato RiveraMID
HM3 Anthony W. Marcum
HM3 Scott C. RikerCID
HM3 Raymond ThorntonOPTH
HN Kurt D. BuchholzEMER MED
HM2 Harvey L. AusmuaOPTII

MERITORIOUS SERVICE MEDAL
CAPT Samuel G. OgleSurgery
CDR Randolph J. BohnSFM

HM3 Lynda G. Bennick
HM3 Richard Dreisbach
HM3 Nestor D. Escalada
YN3 Donjuan S. Goode
FC3 Matthew A. Kantz
HM3 Andrew S. Palokas
HM3 Daniel W. Shuster
HM3 Zadie R. White
HM3 Laurel M. Wilkinson
HN Mary C. Galloway
HN James P. Heath
HN Tim W. Herlickson
SKSN Teresa L. Houser
HA Don G.D. Alcantara
HA James P. Henderson
HA Troy L. Payne
STGSA Estevan Romero
HA Kenneth F. Themm
HR Michele D. Ryans
MSSR Myria M. Whitmire

Fair Winds and Following Seas:

CDR Deanna R. Bogart
LCDR Jonathan W. Weeks
LCDR Michael J. Williams
LT Daniel J. Bruce
LT Victor B. Corpuz
LT Mary A. Lehning

New OIC Continued from page 2

tional health preventive medicine department as assistant medical department head," he added.

Linville's previous tour was in Okinawa where he was an environmental health officer. This was a return tour for Linville who toured Okinawa in the early 1970's as a hospital corpsman with the first Battalion of the Fourth Marines.

Surprised

"It was so different," said Linville of the Southeast Asian island. "In 1973 Okinawa was not a very good duty assignment. I was not looking forward to going back.

"The island has come a long way in development and I was quite surprised. Now it is an outstanding duty assignment. My family liked it so much they wanted me to extend my tour."

Eating Your Way Continued from page 6

fat, especially with the addition of sausage meat, when the calories for a half-cup serving range from 140 to 300.

Next the gravy. One ladle (or two tablespoons) contains approximately 64 calories. You may be thinking that's not so bad, but who stops at just one ladle? If you prepare the gravy, skim off as much fat as you can. If this is not possible, keep the gravy portion small.

Desserts are synonymous with holidays, and are the most difficult to manage. They are very high in calories from both fats and sugars. A bowl of

LT Wade R. Wessels
HMC Frederick W. Schenker
HMC Shirley M. Seaman
ABH1 James D. Hicks
HM2 Dennis M. Clavelli
SK2 Suzanne M. Hutchinson
HM2 Keith J. Kelemen
PC3 Lamont T. Bannister
HM3 Karin G. Boston
HM3 Matthew R. Downing
MM3 Patrick K. Hill
DT3 Jerry R. Lafferty
HM3 Tracy L. McBride
HM3 Elizabeth A. Slezak
HM3 Annette Wright
HN Maggie C. Bryant
HN Ricardo Contreras
HN Guadalupe V. Espinosa
DN Esther Lopez
HN Kevin B. Mason
HN Leah C. Roberts
HN Kenneth Yi
HA Angelo M. Calivoso
HA Oswald Celise
HR Jimelle A. Houston
HR Sung Ho Kang
HR Elmer C. Palanza III
HR Gregory B. Williford

Linville's family has enjoyed the overseas tours and has benefited from them as well.

Different cultures

"They have had so many experiences through the tours and learned to speak a little of the languages," said Linville. "My children have also learned from different cultures first — hand which is something they couldn't get over here."

Although Linville has enjoyed being overseas he plans to stay in the United States to get his masters degree and pursue his second love, golf

"I have taken several courses toward a masters degree in management," said Linville. "Some day, after I retire from the Navy, I'm going to attend golf technical college and become a golf course manager."

fresh fruit would make a very nice ending to anyone's holiday delights. However, if you just can't pass on the goodies, it's best to keep portions small.

Last but certainly not least, if you find you have overindulged at the dinner table, plan some activities for the remainder of the day to help you burn off some of those calories. And, most important, if you have calorically overextended yourself through the holiday season, don't let guilt stand in your way of a successful weight maintenance program.

Efficiency review Continued from page 2

perts (individuals assigned by each department to interpret their work process to the ER team) and we finalize our recommendations.

"Then, we monitor the impact of our recommendations for improvement, and we see how they work.

"We have BUMED backing. In fact, BUMED is very interested in what we're doing because we are the first — we are the pace setters for the entire Navy medicine insofar as efficiency review is concerned," Clark emphasized.

How is all this accomplished?

Taking the Alcohol and Drug Rehabilitation Services (ARD) as a guinea-pig, here's an example of the ER team in action: Members interview ARD counselors and supporting staff and, in cooperation with the assigned subject matter expert, they determine how many resident patients are seen per month and how long it takes to see those patients.

"Let's say, we determine ARD has established a track of seeing 16 patients per month — that's two ARD counselors taking care of 16 patients per month. We monitor the fact

that those counselors either do or don't take care of those 16 patients per month, then we set limits (above and below 16), with maybe one standard deviation."

If the ER team finds out ARD exceeded the 16-patient-per-month limit, they "go in to see what (the service) is doing and make it part of the process," said Clark. "Honestly, folks, it's that simple."

And what will happen if the ER team finds out that ARD has not reached the established limit?

"We check into things and find what caused them to see less patients. It may be that they have something else to do now they didn't have to do before, so we record that.

"And that's where TQM (a quality performance system that forms a basis for evaluating continued improvement) comes in. The idea of TQM is to gradually shrink the distance between the upper and lower limit we have set within a particular work place to an appropriate level, until the process has reached a point where no improvement can be made. The idea of TQM

is that no people are at fault — that if there are problems, the process is at fault, not the people."

The ER report will take approximately 18 months to compile, and it will be "three feet thick." The Healthcare Support Offices (HSO) will be involved, BUMED will be heavily involved, and recommendations will be approved and implemented at the OPNAV level.

But the command will not have to wait for OPNAV approval before starting to implement some recommendations.

"For example, the command may make space layout changes locally without any higher authority approval. Or it can purchase special equipment needed to do a particular job. And it can certainly change processes to do things more simply and more efficiently," Clark concluded.

So, do yourself and the hospital a favor by cooperating with the ER team. They're in your corner. You have nothing to fear and everything to gain. And if you don't understand what they're asking, give Dave Clark a call at 3/6001.

Talking Points:

What is your most memorable Christmas?

By SN Mark Herrington
Red Rover Photographer

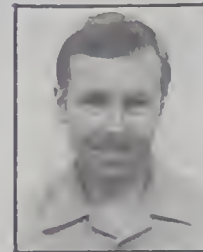
HN Cesar Mourelo, Officer of the Deck's Desk

"Last year when my older brother and I hugged each other for the first time. We never got along well while we lived together, maybe because we lived too close. He joined the Air Force and when we were reunited last year, things changed for the better. Our separation made us close. I felt great."



LT Mark S. Habel, Ward 6-West

"Christmas 1973 because it was the year I was married, and it was the first Christmas my wife and I spent together."



HN John Regacho, Internal Medicine

"Last year. It was my first Christmas to be away from home. Every year we have a family gathering so I missed my family so bad especially at that time of the year when the festive mood calls for renewing the spirit of love with our friends and family. I also stood duty that day."



HN Eric J. Lurins, Intensive Care Unit

"Christmas 1982 — My entire family got snowed in. We were supposed to just spend Christmas dinner together but ended up spending four days trapped together."



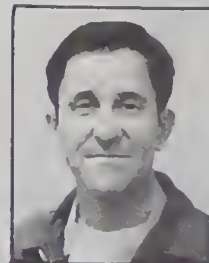
LCDR Lynn S. Wright, Pathology

"Christmas 1987 — My daughter was learning about Santa for the first time and my husband and I enjoyed playing the role of Santa Claus."



SM1 Bruce Margolis, Mail Room

"Christmas 1984 — I was a company commander then in Great Lakes. It felt awful to see recruits coming off the bus to boot camp on Christmas Eve. Why would they come in on such a very special day for family get together. They must not have been wanted at home. I felt sorry for these guys so I cheered them up to spread the spirit of the season."



Civilian medical group Continued from page 1

every staff member contributed to the team effort," said Quinn.

The prospective Navy nurses and medical officers came from the western states including Hawaii. Their tour of the hospital was kicked off with welcome remarks from Captain Jack W. Bartlett, NHO's executive officer. A panel discussion with Navy nurses highlighted the event.

Panel discussion

The panel represented a good cross section of nurses on the staff, such as single parent, active duty couple, a former enlisted who is now a Navy Nurse Corps officer, and a representative from each rank. The Hospital Corpsman rating was also represented. The panelists covered all phases of Navy nurses' life, emphasizing their team work, pride and professionalism.

Besides Quinn, the panel was composed of Captain Joan "B" Glass, Commander Melissa A. George, Lieutenant Rita M. Sullivan, Ensign Jesse L. Laster, Ensign Sandra A. Mason-Burns, Master Chief Hospital Corpsman Michael L. Stewart and Hospital Corpsman Third Class Diane M. Harms.

"We told the story like it is," said Glass, Oak Knoll's director for Nursing Services. "The panel members were frank, accurate and candid in their response. I don't believe in

telling lies to recruit people. It doesn't help them, and it doesn't help the Navy.

"Our visitors asked intelligent questions. They were very complimentary and appreciative of everything we did for them," added Glass.

Afloat duty

Prior to the panel discussion, Lieutenant Kathleen M. Pierce showed slides that depicted comprehensively what life is like for a Navy nurse aboard a hospital ship. Pierce, NHO's branch head for the Intensive Care Unit, was part of the tri-service crew aboard USNS Mercy when the floating hospital made her maiden voyage to the Philippines and other island-nations in the South Pacific on a humanitarian mission.

Early assessments of the prospective applicants' intention to enlist looked favorable according to Whetstone. "They were enthusiastic and motivated," he said, "but we're not trying to pressure anybody. We just want to show off the hospital, let them talk to our professionals and let them form their own opinions."

The "esprit de corps" that prevails among staff members was further illustrated when they hosted a "happy hour" for their civilian counterparts at the "O" Club. Many stayed after working hours and made

a point to make them feel at home and comfortable in a social setting.

"It was an outstanding turnout to welcome people," said Quinn. "It showed Oak Knoll's camaraderie at its best."

In fact, most of the visitors had already made up their minds even before coming to Oak Knoll. Their visit to the hospital only added luster to their conviction that indeed pride and professionalism are the Navy Nurse Corps' well earned trademark.

Dennis Chica, a 33-year-old senior nursing student from the University of Hawaii had this to say: "Nurses outside don't get as much respect as their military counterparts do. I like the team work they exhibit so I have decided to come back in. I missed it." Chica has prior Army service, and chose the Navy this time mainly for its well-rounded educational opportunities.

Car Salesman

Linda Ellis, a senior nursing student at Riverside Community College in California, agreed with Chica. "The nurses' pride and professionalism were evident in their presentation," she said. "They seem to be the type of people I'll be comfortable working with."

Ellis is a single parent with four growing children in tow. Her decision to put in her

Navy application is based on financial security and travel opportunities. "Travel is particularly important to me," she said. "It's virtually impossible to travel with four children if you're a civilian nurse, but it's feasible in the Navy. The salary may not be the same yet it all adds up even considering the many benefits I'm entitled to."

Before going to the Navy, Ellis talked to other service recruiters. "The Army recruiter sounded like a car

salesman while the Air Force didn't seem to have an educational program comparable to the Navy," Ellis quipped.

The group left with favorable impressions of the hospital, particularly its staff who demonstrated why Oak Knoll is a very special place.

"Hopefully, our visitors will come back to join the staff," said Quinn. "The group's tour of the hospital is one of the many recruiting visits we will conduct to recruit nurses. So far, things look promising."

RED ROVER

Volume 2, Number 1

Naval Hospital, Oakland

January 5, 1990

'For a better, safer and more attractive environment...' Renovation project begins

By JO2 Tamí Begasse

Editor's Note:

Oak Knoll Naval Hospital's two-year renovation, called P-122, was originally part of a more comprehensive project which would have included seismic upgrade of the hospital.

When the hospital was built in 1968, it was built on solid bedrock and conformed to the seismic standards of its day. Several years later, when the earthquake code changed in the Bay Area, a study determined that Naval Hospital, Oakland needed a seismic upgrade. A seismic project was designed and the government

estimated a cost of about \$29 million, but when the project was bid, the lowest bid far exceeded the government's estimate, and the naval hospital was prohibited by law from awarding the contract. The project went back to the Department of Defense Health Affairs for reprogramming, because these military construction projects require Congressional approval and funding. The Defense Medical Facilities Office for the Department of Defense now plans to begin the design stage of a new joint service

hospital by 1994.

In the meantime, P-122 addresses the fire and safety upgrades from the original project.

Be sure to read RED ROVER — routine updates will be published describing each phase of the renovation. This initial article provides background information and highlights the project's first phase.

OAKLAND, CALIF. — The Navy has taken steps to upgrade fire and life safety at Oak Knoll Naval Hospital.

A ten million dollar contract, called P-122, was award-

ed Nov. 17, 1989, to Hayward-based Amfel Construction to modify fire and life safety standards. Actual construction begins Jan. 2, 1990, and is scheduled to be completed by the end of 1991.

"The P-122 construction project at Oak Knoll is about to put our creativity and resourcefulness to the test," Rear Admiral David M. Lichtman, Medical Corps, U.S. Navy, the hospital's commanding officer said. "But," he added, "The resulting renovation will create a better, safer and more attractive environment for all of us."

Con't on page 6



Rear Admiral David M. Lichtman, commanding officer of Naval Hospital, Oakland, cuts the ceremonial ribbon to mark the opening of the hospital's refurbished lobby. (Photo by JO1 Dan Gulam)



Members of the winning team display their trophies. From left to right: HN Artemio Santos, PN2 Emmanuel Alforque and HN John Regacho. (Photo by JO1 Dan Gulam)

Oak Knoll darters win regional championships

By JO1 Dan Gulam

NAVAL HOSPITAL, OAKLAND—Oak Knoll has produced another winning team! The hospital's dart team emerged victorious when it grabbed first place during the recently concluded regional dart championships sponsored by the Central Pacific Sports Conference (CPSC) on Skagg Island.

"I feel great!" said the team's coach Personnelman Second Class Emanuel Alforque of Manpower Division. "We have extremely good players this year. Last year, we were in the middle of the team competition when two of our members left, forcing us to abandon the championships. Now, we're number one, and that's something to be proud of."

Alforque's team is composed of Hospitalman John Regacho, Cardiology; Hospitalman Artemio Santos, Recovery Room; and Chief Damage Controlman Jerry Thurman of Naval Station Treasure Island. Regacho also won the men's

single.

"The team members stayed together during the tournament," said Alforque. "It was taxing, lasting for ten hours, but we cheered each other and managed to keep 'afloat.'"

Alforque started playing darts seven years ago. He was sitting at a pub when the game of accuracy and skills caught his fancy. Soon he found himself on a tournament circuit, and he was motivated to continue on when he won first place during his first shot for the single. For the record, Alforque came in second in the CPSC single's competition last year.

"Darts is more than hitting a target," said Alforque. "There's a lot to it. I know people who have been playing darts for 20 years and they still aren't competitive. First, you have to be calm and composed. It's easy to miss the target if you're shaking. A lot of good players miss the mark because they get rattled or excited at the end of

Con't on page 4

HAPPY 1990!



Base ops director takes prompt action to improve quality of life at Oak Knoll

NAVAL HOSPITAL, OAKLAND—Now Oak Knoll base residents have something to rejoice about.

Community living conditions on base are improving, thanks to Lieutenant Commander George G. Smith and his staff who took prompt action to address issues raised by residents during the October 11th town hall meeting. Smith serves as the command's director for base operations.

Following is the status of actions taken on the issues brought to the "mayor's" attention during the meeting:

* To ease housing residents' access to base, security provided "Q" stickers to be placed on windshields next to

Department of Defense stickers.

* Although there is a need for better planning in order to have window washers come through after rather than before painting, Public Works Center (PWC) is in the process of having windows washed in two-story units.

* Pacific Bell made service calls to take care of the telephone wiring problems in Barcelona Housing.

* Self help items currently stocked include new lawn mowers, weed wackers, grass seed, fertilizer, light fixtures and toilet seats.

* No action has been taken yet about erosion control at 9036 Barcelona.

* Oak Knoll does not have an earthquake shelter. According to Smith, this is probably confused with the Knowland Park shelter.

* Poor original design caused the vent blockage in enlisted housing area. Housing has ordered lint traps that will be installed next to dryers.

* Yellow plastic speed bumps have been ordered; they will be installed on Johnson Street as soon as they arrive.

* After getting approval from PWC, Housing painters cleaned up messy areas they left behind.

* Base security office agreed to have its police sirens tested later in the day rather than in the morning.

Command ombudsmen selected

By Andree
Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND—A young sailor is transferred to Oak Knoll from his ship for emergency micro-vascular surgery. At midnight his teen-age wife arrives at his bedside, frantic with worry, with a toddler in tow. She comes from a slow-paced country town in the Midwest and has difficulty dealing with Bay Area fast-forward lifestyle. She has no place to stay, no car, and her little boy will not stop crying. In short, she's at her wit's end and needs a helping hand.

The above fictitious scenario has a happy ending when the sailor's wife is given not one but four numbers to call—an ombudsman is about to make things a little bit easier for her.

Mary-Jo Bruckner, Patrice Lappert, Alice Poole and Jane Timoney are no figment of

anyone's imagination. They are real flesh and blood, dedicated individuals—the four ombudsmen recently selected as liaison between the commanding officer and Oak Knoll's families.

The wife of Lieutenant Commander James D. Bruckner, Medical Corps, U.S. Naval Reserve, Mary-Jo hails from New Berlin, Wisconsin. She is a housewife, the mother of two children (Joseph, one and a half year old and Jacob, two weeks old), a part-time speech language pathologist and now one of Naval Hospital, Oakland's, four ombudsmen.

Helping hand

Like the other three, she has not been trained yet, but she has a pretty good idea of what to expect.

"We help people deal with the system," she says. "We help them get to sick call, get to the appropriate clinics, or

we make life easier for someone whose loved one is in the hospital."

Patrice Lappert's husband is Lieutenant Commander Patrick Lappert, a resident in general surgery. She comes from Philadelphia, PA and is a lieutenant commander in the naval reserves nurse corps. She was a "squadron wife" and "as a reserve nurse corps" she hopes she may assist people in finding their way through hospital red tape. Patrice has two children: five-year-old Daniel and three-week-old Joseph.

Alice Poole does not really know what to expect, but she was a corpsman for four years and hopes her training will get her through the intricacies of the job.

Married to Petty Officer First Class Dean Poole, who runs NHO's Cat Scan and X-ray Department, she's from Kooskia in northern Idaho and works in Intensive Care. She has no children and is "proud to do what (she) can for the command and give whatever free time (she has) to support her husband and the military."

No qualms

Jane Timoney is looking forward to the training and is glad the group was formed "because it'll be nice to improve communications between families and the command." She lives on base and has a "pretty good circle of friends with whom she can trade off," so she has no qualms about being called in the middle of the night.

Jane is married to Lieutenant Commander James M. Timoney, of the U.S. Naval Reserve, and is from Edison, N.J. They have three children:



CPOA reaches out

The Chief Petty Officers Association (CPOA) of Oak Knoll made a lot of kids confined in the hospital's Pediatric Ward happy last Christmas with its annual gift-giving project. Above, a patient sits on Santa's (SKC Charlie Starkweather) lap. HMCS Harvey Wehry of Naval School of Health Sciences, Oakland Detachment, served as the project's overall coordinator. (Photo by JO1 Dan Guilan)

Erin, 6; Cory, 5; and Shannon, 2.

The four ombudsmen were chosen from a pool of volunteers who had indicated

a willingness to serve. They are all ready and eager to make life a little bit easier for everyone on base and at the hospital.

TI Navy Campus Program Counselor available for off-duty education

NAVAL HOSPITAL, OAKLAND — Plans are under way to bring the senior educational counselor of the Navy Campus Program on Treasure Island to the hospital beginning the third week of January.

Once the move is finalized, Sam Cespedes will be available at Oak Knoll once a week to answer any questions or give advice to staff members who want to continue or acquire some education after work. This function is currently handled by the Education Department on the 6th Floor.

Navy Campus Program provides sea service personnel assistance in obtaining off-duty education, such as completion of the GED, pursuing a college degree, or even acquiring vocational or technical skills.

"We try to tailor the educational programs that are available to the needs of our clients," said Cespedes. "For example, if you want to obtain a college degree, we first evaluate your military service credits by virtue of your basic training, C-schools and other related educational matters. This enables us to outline the educational plan for you so

you can reach your educational objectives in a shorter time than usual. We're going to provide you with schools where service military credits are accepted."

However, Cespedes doesn't make the choice for his clients. He only lays out several educational options from which they can choose to suit their needs.

Also, Cespedes administers College Level Examination Program (CLEP) tests for those who want to obtain college credits the non-traditional way. All one has to do is pass the test, and each subject is worth six semester hours of credits. Subjects that are given through the CLEP test include English, Social Sciences, History, Natural Sciences, Humanities and Math.

In the meantime, if you have any questions concerning off-duty education, you can contact Hospital Corpsman First Class Martin Carongcong of the Education Department at 3-5257.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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Think Safety

January 5, 1990

'We're number one...'

CO addresses enlisted community

By J01 Dan Guiam
Red Rover Editor
NAVAL HOSPITAL, OAKLAND—"We're the best hospital in the Navy and we're going to work hard to remain number one," said Admiral David M. Lichtman in his address to the hospital's enlisted community during a recent Admiral's Call. "We're going to be more patient-oriented, after all they are the reason we're here in the first place."

Patients, according to the hospital's commanding officer, will be accorded a much nicer welcome aboard from the time they enter the main lobby till they leave the hospital.

The Admiral also pointed out the numerous projects currently taking place in the hospital to upgrade its total quality service and to make it more responsive and accessible to its health care beneficiaries.

Child care center

However, one of Lichtman's top priority projects is the establishment of a child care center on base, which he said, will take sometime "if it's to be built right." The Admiral was referring to the long process involved in getting the project approved and funded. Also, the hospital plans to have a child waiting room

where parents can leave their children while at the doctor's treatment room for appointment. The concept is similar to the one in Naval Hospital, Bremerton.

Lichtman also urged everyone to use the "Listening Box" for any beneficial suggestions or complaints. The Admiral also suggested the use of the chain of command, since he has given departmental heads the authority to make on-the-spot decisions.

CMC brief

Another development announced by the Admiral during the meeting was the new procedure in selecting the "Sailor of the Year"—the hospital now competes with the line community in the Bay Area.

Also on hand during the Admiral's Call was Master Chief Hospital Corpsman Michael L. Stewart, who serves as the hospital's command master chief. In this capacity, he represents the enlisted community to Admiral Lichtman by keeping him aware of the feelings and ideas of enlisted members.

Stewart briefed the enlisted members on matters affecting their career in particular and what's going on in the Navy in general. The following are the highlights of his presentation:

— The senior educational counselor for the Navy Campus Achievement on Treasure Island will be coming to the hospital once a week beginning the third week of January to give advice and help staff members on off-duty educational opportunities.

New LMET

— There's a brand new and much improved LMET (Leadership, Management and Educational Training) course. The course is a requirement for E-6 personnel going up in the advancement ladder. However, they don't need to take the new course if they have already taken the old one.

— MECP (Medical Enlisted Commissioning Program) is under-utilized in this command. The program is available for those interested in direct nursing care. It provides an opportunity for enlisted members to earn a college degree and a commissioning in the Navy Nurse Corps. The program is now open to all ratings in the Navy besides hospital corpsmen and dental technicians.

BOOST

— BOOST (Broadened Opportunity for Officer Selection and Training) Program is also an excellent vehicle to get commissioned in the Navy, but



RADM David M. Lichtman

not too many enlisted staff members put in for it. BOOST is a nine-month college preparatory school for selected civilian high school graduates, naval reservists and active-duty Navy members. The school's curriculum covers everything from basic algebra to pre-calculus-based physics. For those who pass the school, NROTC (Naval Reserve Officers Training Corps) scholarships are guaranteed. There's even a shot at a Naval Academy appointment.

— Members on PCS (Permanent Change of Station) orders are now entitled to a DLA (Dislocation Allowance) that amounts to two months BAQ (Basic Allowance for Quarters).

— There's a proposal to grant sea pay to sailors based on

tenders overseas.

— The Bio-Med Repair NEC (Navy Enlisted Classification) will have more seats open to women.

— Beginning Fiscal Year 91, a single E-6 who is assigned to a ship and has established a home ashore will receive BAQ entitlement.

Mess cooks

A question and answer forum followed the Admiral's Call. One good news item from the Admiral, greeted with hearty approval from the audience, was the hiring of civilian mess attendants to augment the galley's manpower. That means E-3 and below reporting aboard the hospital will no longer be required to do a three-month mess cooking before they are sent to their regular jobs.

'Don't mumble GEOCOM-MIE and walk away...'

By LCDR D.P. Bates, NSC

Whenever you meet someone for the first time, the first question inevitably asked is "...and where do you work?" Since October 1, 1989, my answer to that question has been, "the San Francisco Medical Command." Upon hearing those words my new

acquaintance slowly moves back a step; a shadow passes over his eyes; the corner of his mouth deforms into a sneer and with a suspicious tone he says, "Oh, that's what they're calling the GEOCOM now." Ax murderers and IRS auditors generally get warmer receptions than SFMC staffers.

My colleagues within the

SFMC are a sensitive lot and I fear that this continued "guilt by association" will result in irreversible psychiatric damage. Before that happens, I must explain what the San Francisco Medical Command is and how it can be a key element in the delivery of health care to the entire Bay Area.

People view with suspicion

any government agency whose motto is "We're here to help," but that is the best way to describe the philosophy of the San Francisco Medical Command. As opposed to the GEOCOM structure, we don't inspect, direct or control. Quite the contrary—we plan, assist, facilitate and cooperate. Our mission is to be the focal point for Army and Navy medical and dental facilities in the Bay Area, in order to meet our beneficiaries' needs in a planned, cost effective and coordinated manner.

'We're on the same team...'

Shortly after the commissioning of the SFMC, Rear Admiral Lichtman (who serves as Commander, SFMC as well as CO, Naval Hospital, Oakland) gave the staff its marching orders, "Be low key but highly effective." Providing medical and dental services to the expanding beneficiary population of the Bay Area is becoming increasingly complex in these times of financial austerity and spiraling costs of

health care in the civilian community. Joint service cooperation and long term strategic planning have become essential to the continuous improvement of the military health-care system. Meeting the accrediting rules for Graduate Medical Education Programs has become increasingly difficult and has necessitated the establishment of formal affiliation with both university-based medical schools and civilian teaching hospitals. As evidenced by the recent earthquake, there is a need to more closely coordinate disaster response with other federal agencies as well as the civilian community as a whole. These are all areas where the San Francisco Medical Command plays an active role.

So . . . the next time you meet someone from the San Francisco Medical Command, don't mumble "GEOCOM-MIE" under your breath and walk away. We're on the same team, we have the same skipper, and we're going in the same direction. And anyhow, we're pretty nice once you get to know us.



San Francisco Medical Command

Station library (Bldg. 101) open to all

By Robert Bernhardt
Administrative Librarian
NAVAL HOSPITAL,
OAKLAND — "I didn't know you were here on the base," and "I didn't know that civilians could check out books." Those are frequent comments heard by the librarian when personnel check out of Oak Knoll.

To set matters straight, the general library is located in Building 101, down the hall from the U.S. Post Office. Although it is not open to the general public, authorized patrons are military and civilian staff, retired military and dependents.

Every U.S. military base in the continental United States has a general library, or station library. Naval Hospital, Oakland (NHO) has had one since 1943 with, then, a staff of nine. VCRs were unheard of then, and books were read more heavily.

During its WWII heyday, Oak Knoll was also much larger, with a hospital bed capacity many times over what it is today. Several carts loaded with books and magazines were circulated throughout the many wards scattered to the far reaches of the compound.

People still read books today, but they are more selective and the general library staff is down to one full-time librarian. In addition, a Red Cross volunteer visits the hospital wards every Tuesday with a paperback-filled cart.

Three weeks

Library materials can be checked out for a period of three weeks. National best sellers are green-labeled and prominently displayed by the circulation desk. Technically, the green-labeled books are rentals from the McNaughton Plan through which best sellers arrive at the library shortly after

publication — often at approximately the same time as in bookstores. Most of these have an extremely good circulation, especially authors such as Danielle Steel and Stephen King. For example, *Dark Half*, King's latest book, is available and Steel's will be available in the library later this month.

Beside best sellers, the library carries daily newspapers, periodicals, a record collection and a small cassette tape collection. It can be best described as a small public library, with books on every subject.

Naturally, we have strong U.S. naval history and WWII collections. There's also a separate children's book section as well as a paperback collection whose circulation is based on the "honor — no check out-system."

Popular books

Some of the more popular reference books include *Who's Who in America*, general encyclopedias (heavily used by neighboring Preventive Medicine Technicians (for their oral presentations), a 15-volume

science encyclopedia, a *Physician's desk reference* and *Jane's Fighting Ships*. The latter is especially popular with sailors about to embark on ship duty.

Short-handed

Pay us a visit next time you're in the neighborhood — on the way to the Credit Union or the Post Office. But be patient if no one is manning the ship. We're short-handed and have to curtail service at times.

Hours, are 8:15-4:15, Monday-Friday; the library is also open during the noon hour.

Post Traumatic Stress Disorder workshop:

Army, Navy make a great team

By Andree Marechal-Workman

Red Rover Staffwriter

NAVAL STATION TREASURE ISLAND, CALIF. — Army Major Carl Settles, a psychologist from Letterman Army Medical Center (LAMC), was marooned on Treasure Island the day the earthquake hit the Bay Area, and Navy families are in better emotional shape as a result.

"I was there, Johnny on the spot," Settles explained. "And my bosses felt I could provide best assistance if I offered my services to Captain Vaught, the commanding officer at Naval Station Treasure Island."

LAMC medic

Settles is a medical service corps officer attached to LAMC, where he works half-time as a clinical psychologist in the Department of Psychiatry—spending the other half as a family therapy fellow in the Family Therapy Program.

Although he is in the Army, the major was "on the spot" because he lives on the Navy base. His bosses at LAMC are General Leslie M. Burger, commanding officer; Lieutenant Colonel Tony Zold, Medical Service Corps, and Lieutenant Colonel Michael Wilberger, Medical Corps, the hospital's chief of psychiatric services and chief of family therapy program, respectively.

Tri-service mission

According to Settles, General Burger has a real interest in performing tri-service mission and the earthquake provided a good opportunity to exercise that mission.

"It was a team effort," stressed Settles. "I went to see Commander Pat Clemons at the Family Service Center and, with Father Condon and Ombudsman Pat Tremaco, we



MAJ Carl Settles

started a stress management workshop to help people avoid what is called post traumatic stress disorder, (PTSD)."

What are some of the components of the workshop?

The first thing is to get families to talk about their experiences, Settles said. "For example, we talked to a five or six-year-old boy who thought he caused the earthquake. He was playing kung fu and kicked a wall at the time and was very upset because he thought he was responsible for the destruction.

Planning

"Another boy—eight or nine—thought his mother had caused the earthquake, (she had a frown on her face when the quake hit). These boys were very frightened, and if the parents hadn't talked about what actually happened and clarified things, they could have had serious problems in the future." They could have been victims of PTSD, something which sometimes takes years to surface.

Another part of the workshop consists of looking at ways to prepare for a repeat performance—learning what can be done to help Island residents plan for future disasters.

Partnership

"My own situation is a good example," Settles continued. "My family was spread out

and it took us a day and a half to get back together. I didn't know how to retrieve messages from my telephone answering machine. I didn't have the telephone number of my son's school—those are the kinds of things a family needs to learn from the earthquake."

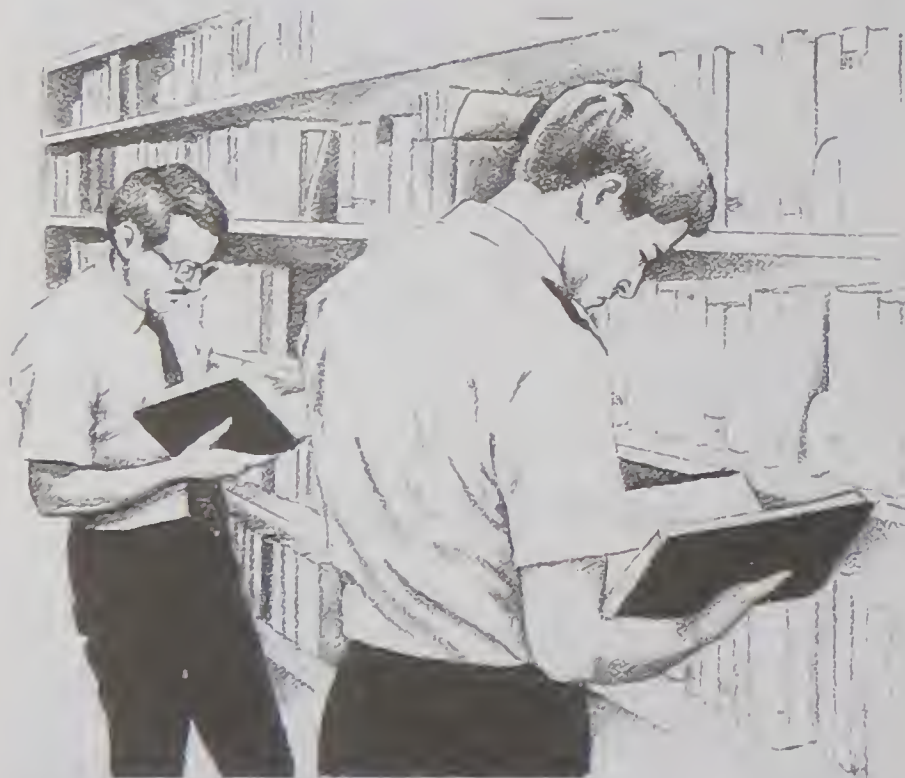
This is not the first time Settles served in joint-service circumstances.

He worked for the installation commander at Camp Zama in Japan before coming to Letterman, where a Navy/Army partnership exists.

He joined the Army in 1981, after getting his Ph.D. in counseling psychology at the University of Texas in Austin "because the service is so action oriented." In a university setting it takes forever for things to change, he explained. "But in the service, if a CO believes in what you say and knows it will help, he gives the go ahead right away and you can see your handy work fairly quickly."

Only option

Settles lives on Treasure Island with his wife, Carol, and their 17-year-old son, Cory, who attends Lowell High School in San Francisco. Cory is the reason the family lives on Treasure Island. Presidio housing was not available at the time and, because the school district requires a San Francisco residency, Treasure Island was the only option—an option which the naval base will live to appreciate for many years to come.



Oak Knoll darters — Continued from page 1

the game."

And keeping one's composure, according to Alforque, takes a lot of practice and more tournament participation, which all amount to self-confidence.

"The common practice for dart players to play down the pressure associated with a tournament is to drink," he said. "Once you're drunk, you don't care anymore."

But Alforque doesn't drink to beat the pressure. He is so sure of what he can do. "I enjoy being in competition," he said. "I like a game of skills and accuracy where I can be competitive. When you're playing darts, you're not only playing against your opponents, but also playing against yourself. You have to maintain your level of skills.

"There are different ways of throwing darts," he added. "We can tell if the person is a good player by the way he throws the dart."

What does it take to be a dart player then?

"You should have time to practice a lot," he said. "You should have a natural skill and if you don't you can only attain a certain level. You should develop a technique for throwing. And a good technique involves a permanent grip and consistent rhythm of the swing.

Meanwhile, Petty Officer Alforque is already preparing for the next year's championships. If you think you're a good darter, Alforque thinks you belong to the winning team. Give him a call at ext. 36012.

January 5, 1990

Civilian and military new pay charts

GENERAL SCHEDULE

Providing a 3.6 Percent Increase
Effective Jan. 1, 1990

	1	2	3	4	5	6	7	8	9	10
GS 1	\$10,581	\$10,935	\$11,286	\$11,637	\$11,990	\$12,197	\$12,544	\$12,893	\$12,910	\$13,232
2	11,897	12,160	12,574	12,910	13,053	13,437	13,821	14,205	14,589	14,973
3	12,982	13,415	13,848	14,281	14,714	15,147	15,580	16,013	16,446	16,879
4	14,573	15,059	15,545	16,031	16,517	17,003	17,489	17,975	18,461	18,947
5	16,305	16,849	17,393	17,937	18,481	19,025	19,569	20,113	20,657	21,201
6	18,174	18,780	19,386	19,992	20,598	21,204	21,810	22,416	23,022	23,628
7	20,195	20,868	21,541	22,214	22,887	23,560	24,233	24,906	25,579	26,252
8	22,367	23,113	23,859	24,605	25,351	26,097	26,843	27,589	28,335	29,081
9	24,705	25,529	26,353	27,177	28,001	28,825	29,649	30,473	31,297	32,121
10	27,206	28,113	29,020	29,927	30,834	31,741	32,648	33,555	34,462	35,369
11	29,891	30,887	31,883	32,879	33,875	34,871	35,867	36,863	37,859	38,855
12	35,825	37,019	38,213	39,407	40,601	41,795	42,989	44,183	45,377	46,571
13	42,601	44,021	45,441	46,861	48,281	49,701	51,121	52,541	53,961	55,381
14	50,342	52,020	53,698	55,376	57,054	58,732	60,410	62,088	63,766	65,444
15	59,216	61,190	63,164	65,138	67,112	69,086	71,060	73,034	75,008	76,982
16	69,451	71,766	74,081	76,396	78,710	*79,438	*81,708	*83,978	*85,470	
17	*79,762	*82,420	*85,078	*87,736	*90,394					
18	*86,682									

* The rate of basic pay payable to employees at these rates is limited to the rate for Level V of the Executive Schedule, which would be \$78,200.
The rates are also subject to change. Salaries approved by Congress in late November were not available at press time.

Active Duty
Monthly Basic Pay Table
Effective Jan. 1, 1990

Years of Service

PAY GRADE	2	2	3	4	6	8	10	12	14	16	18	20	22	26
Commissioned Officers														
O-10	5916 30	6124 50	6124 50	6124 50	6124 50	6359 40	6359 40	*6711 90	*6711 90	*7122 60	*7122 60	*7125 00	*7125 00	*7558 50
O-9	5243 40	5380 80	5495 40	5495 40	5495 40	5635 20	5635 20	5869 80	5869 80	6359 40	6359 40	*6711 90	*6711 90	*7122 60
O-8	4749 30	4891 50	5007 60	5007 60	5007 60	5380 80	5380 80	5635 20	5635 20	5869 80	6124 50	6359 40	6516 00	6516 00
O-7	3945 20	4214 40	4214 40	4214 40	4403 40	4403 40	4658 70	4658 70	4891 50	5380 80	5751 00	5751 00	5751 00	5751 00
O-6	2925 00	3213 60	3424 20	3424 20	3424 20	3424 20	3424 20	3540 30	4100 10	4309 50	4403 40	4658 70	5052 60	
O-5	2339 10	2746 80	2936 70	2936 70	2936 70	2936 70	3025 50	3188 10	3402 00	3656 70	3866 40	3983 40	4122 60	4122 60
O-4	1971 90	2401 20	2561 40	2561 40	2608 80	2724 00	2909 70	3073 20	3213 60	3354 60	3447 30	3447 30	3447 30	3447 30
O-3	1832 40	2048 70	2190 30	2423 40	2539 20	2630 40	2772 60	2909 70	2981 40	2981 40	2981 40	2981 40	2981 40	2981 40
O-2	1597 80	1745 10	2096 40	2166 90	2212 20	2212 20	2212 20	2212 20	2212 20	2212 20	2212 20	2212 20	2212 20	2212 20
O-1	1387 20	1444 20	1745 10	1745 10	1745 10	1745 10	1745 10	1745 10	1745 10	1745 10	1745 10	1745 10	1745 10	1745 10
Commissioned Officers With Over Four Years Active Duty As An Enlisted Member or Warrant Officer														
O-3E	-	-	-	2423 40	2539 20	2630 40	2772 60	2909 70	3025 50	3025 50	3025 50	3025 50	3025 50	3025 50
O-2E	-	-	-	2166 90	2212 20	2282 10	2401 20	2493 00	2561 40	2561 40	2561 40	2561 40	2561 40	2561 40
O-1E	-	-	-	1745 10	1864 20	1932 90	2002 80	2072 70	2166 90	2166 90	2166 90	2166 90	2166 90	2166 90
Warrant Officers														
W-4	1866 90	2002 80	2002 80	2048 70	2141 70	2236 20	2330 10	2493 00	2608 80	2700 30	2772 60	2862 30	2958 00	3188 10
W-3	1696 80	1840 50	1840 50	1864 20	1885 80	2023 80	2141 70	2212 20	2282 10	2350 20	2423 40	2517 60	2608 80	2700 30
W-2	1485 90	1607 70	1607 70	1654 80	1745 10	1840 50	1910 40	1980 30	2048 70	2120 70	2190 30	2259 30	2350 20	2350 20
W-1	1239 10	1419 60	1419 60	1538 10	1607 70	1677 00	1745 10	1817 10	1885 80	1956 30	2023 80	2096 40	2096 40	2096 40
Enlisted Members														
E-9	-	-	-	-	-	2171 70	2220 60	2271 00	2322 90	2374 80	2421 00	2548 20	2796 00	
E-8	-	-	-	-	-	1821 30	1873 20	1922 70	1972 50	2024 70	2071 20	2122 20	2245 70	2496 90
E-7	1271 40	1372 50	1423 00	1473 30	1523 40	1572 00	1622 40	1672 80	1748 70	1798 20	1848 30	1872 30	1998 00	2245 70
E-6	1094 10	1192 20	1242 00	1294 80	1343 10	1391 70	1443 00	1517 40	1564 80	1615 50	1640 10	1640 10	1640 10	1640 10
E-5	960 00	1044 90	1095 60	1143 30	1218 30	1268 10	1318 50	1366 80	1391 70	1391 70	1391 70	1391 70	1391 70	1391 70
E-4	895 50	945 60	1001 10	1078 80	1121 40	1121 40	1121 40	1121 40	1121 40	1121 40	1121 40	1121 40	1121 40	1121 40
E-3	843 60	889 80	925 50	962 10	962 10	962 10	962 10	962 10	962 10	962 10	962 10	962 10	962 10	962 10
E-2	811 80	811 80	811 80	811 80	811 80	811 80	811 80	811 80	811 80	811 80	811 80	811 80	811 80	811 80
E-1 **	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20
E-1 ***	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20	724 20

* The rate of basic pay payable to employees at these rates is limited to the rate for Level V of the Executive Schedule.

The rates are also subject to change.

Salaries approved by Congress in late November were not available at press time.

Walk your way to better health

(Courtesy of the National Foundation for Cancer Research (NFCR))

WASHINGTON, D.C. — No two ways about it — a regular exercise program can significantly benefit your health and lessen the risk of a number of disorders. According to the National Foundation for Cancer Research, you can even "walk away" from some types of cancer.

Many people believe that exercise has to be a demanding athletic activity in order to be beneficial, "Why bother at all?" they ask. In fact, nothing could be further from the truth. With the recent fitness boom, the emphasis is now on overall personal health, stressing not only cardiovascular fitness but a sensible diet and positive personal habits.

Most popular

Walking is quickly becoming the most popular participatory sport in the country. It is the basic exercise, requiring no special skills, attire, equipment or facilities. Compared to running and most other sports, walking is injury-free. Best of all, brisk walking burns up just as many calories per mile as running.

Burning calories is important, because one in five American adults suffers from obesity. Aside from leading to high blood pressure, strokes and heart and kidney disease, obesity is a high risk factor for developing cancers of the

"Walking is injury-free . . ."

breast and lining of the uterus. Since even moderate exercise naturally stimulates the nervous system, it reduces dependence on other stimulants such as nicotine and caffeine for energy. A brisk stroll every day may help you to give up these habits, boosting your chances against poor health even more.

But walking and other forms of exercise are mentally therapeutic as well as physically beneficial. With the demands and pressures of modern American life, focusing on a single physical activity can be quite refreshing to the nervous system, the part of the body that handles mental stress. Studies have proven that exercise increases mental alertness for up to six hours after completion.

We now know that exercise doesn't have to be an exhausting workout to reap health benefits. Walking, cycling, folk dancing and even spring cleaning all count in the race to good health.

The NFCR, a private, non-profit organization based in Bethesda, Md., has allocated more than \$70 million toward basic cellular cancer research during the past 15 years. For more information about how you can "walk away from cancer," call 1-800-321-CURE.

Chaplain's Corner

By Father M. J. Hary
Naval Hospital, Oakland

There is a story that comes out of India which tells of a beggar whose great hope was that he would meet the king. Then, he dreamed, alms would be given him unasked and wealth scattered all around him in the dust.

One day, the king's golden chariot came into the village and actually stopped where the beggar stood. The king saw the poor man, got out of the chariot and walked with a smile toward him.

The beggar was ecstatic. He felt that good fortune had come his way at last. But instead of giving him anything, the king held out his hand and said, "What do you have to give me?" The beggar was confused and undecided. Then slowly, he took from his load

ed knapsack a single grain of wheat and gave it to the king. The king made no move to give him anything in return.

Disillusioned and dejected, the beggar walked to his bare room. At day's end, he emptied his bag on the floor and was surprised to find a single grain of gold among all the other grains of wheat. He wept bitterly and thought, "If only I had the heart to give the king my all."

The beggar found only a single grain of gold in his bag because he had given away only a single grain of wheat. If he had given more, he would have received more. May we continue to receive during this season the generosity and trust to share with one another what we have, but more especially, who we are.

Renovation

Con't from page 1

The two-year renovation will cause many changes for patients. Some of the hospital's departments will move, parking may be difficult at times, telephone numbers will change and ongoing construction will take place. However, Lichtman stressed that everything possible is being done to minimize inconveniences.

"All the moves have been carefully orchestrated with the needs of our staff and patients in mind," said Lichtman. "The moves also give us an opportunity to reevaluate and improve existing space utilization.

"Although we hope to make some permanent changes to improve efficiency, it is important to remember that P-122 will not add any more space to Oak Knoll," Lichtman pointed out.

Ratcliff Architects, the Berkeley-based designers of the project, painstakingly worked with hospital directors as to what parts of the building to work on and at what time.

Needs accommodated

"They tried to accommodate the needs of the hospital's staff and patients as much as possible to make sure moves were coordinated so the work would run smoothly," Navy Lieutenant C. E. Bigelow, Construction Engineering Corps explained. "As a result of this planning, no one is being taken off-line—they are just being moved to different places."

The two-year renovation is different from most construction projects. It actually consists of nine small phases combined into one. Each phase includes departmental relocations and construction site preparations. Actual construction for each phase will take approximately 2½ months to complete.

The summary of work includes remodeling of the emergency room, primary care clinic and some surgical suites. In the surgical suites, the Heating Ventilation Air Condition (HVAC) System will be replaced, along with complete remodeling of the hospital's ten operating rooms. To prevent a disruption in surgical services, the work will be broken down into several phases.

Fire alarm

The existing fire alarm will be replaced and the emergency management control system computer used to monitor fire and life safety systems will be expanded. Public toilets and drinking fountains will be remodeled to provide handicap accessibility,

and nurse calls will be added to toilets in high-risk areas.

Automatic sprinkler systems, duct dampers, shut-downs and repairs to shafts and fire walls will be made throughout all phases of construction.

A breakdown of phase one, that began January 2, includes complete renovation of the north and west surgical wings located on the 6th floor; south and west wings on the 5th floor (once psychiatry, patient affairs, legal, and fleet and Marine liaison departments); and the patient records area

located on the 2nd floor.

Phase one relocations affected the following departments: inpatient psychiatry moved to Letterman Army Medical Center (this coincides with the San Francisco Medical Command's consolidation of graduate medical education programs); alcohol/drug rehabilitation moved to Building 70; quality assurance moved to the hospital's 3rd floor; education and training moved to Building 133; surgical ward 6-North moved to 6-South; surgical ward 6-West relocated to

9-South; graduate medical education relocated to 8-West; patient affairs, legal and Marine liaison all moved to 5-North; the chaplain watch rooms once located on 6-South; relocated to the 3rd floor; and the 5-South watch rooms relocated to 5-North.

Other departmental moves include, personnel support detachment from Treasure Island to the hospital's 3rd and 8th floors; manpower moved from the main hospital to Building 73. The adolescent clinic relocated from the 2nd floor to 8-West. Mobilization

planning moved to Building 67. The fleet liaison is now located in Building 67 and the public affairs office moved to Building 73C.

Job-site staff

A number of administrators, consultants, engineers and inspectors are responsible for keeping the renovation on schedule and keeping the impact on Oak Knoll staff and patients to a minimum. And, a job-site staff will routinely inspect all the work to make sure it's being installed properly, with the right materials.

Con't on page 8

★★★★★ FIVE STAR FACES QUIZ ★★★★★

____ Chester W. Nimitz

____ Henry H. "Hap" Arnold

____ Omar Bradley

____ Dwight D. Eisenhower

____ William F. "Bull" Halsey

____ Ernest J. King

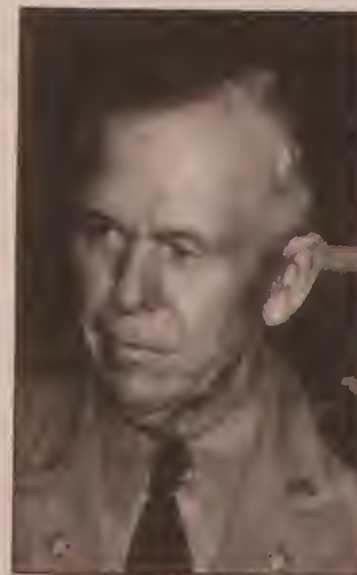
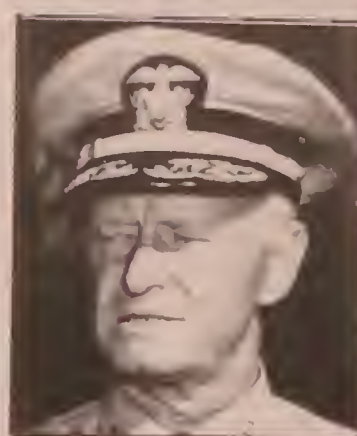
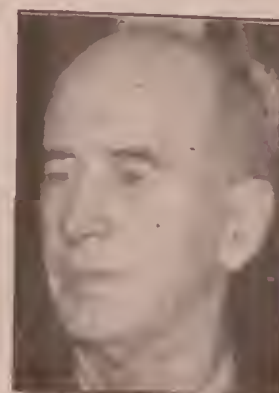
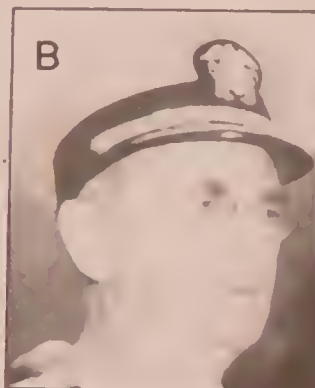
____ William D. Leahy

____ Douglas MacArthur

____ George Marshall

Their names evoke memories as giants in the annals of U.S. military history. But what about their faces?

Match the names of America's five-star officers with their pictures. A score of 8-9 qualifies you as a military history buff; 5 to 7 correct means you have more than a passing interest in military history; 1 to 4 means you passed history. And 0 could mean that history is passing you by.



Answers:

I. George Marshall
H. William F. "Bull" Halsey
G. Omar Bradley
F. Chester W. Nimitz
E. Dwight D. Eisenhower
D. Ernest J. King
C. Henry H. "Hap" Arnold
B. William D. Leahy
A. Douglas MacArthur

January 5, 1990

Federal Corner

By Sydney Santos
Civilian Personnel
Department

NAVAL HOSPITAL, OAKLAND — The following topics are important to the command personnel training: All employees are encouraged to apply for training courses sponsored by the Civilian Personnel Department. Classes to be conducted in January 1990 are Supervising the Problem Employee, January 17-18 and Stress Management, January 24. Nominations must be concurred with the supervisor and submitted to Civilian Personnel Department at least one week before the class starts.

We are also thinking of offering a course in medical terminology beginning in January, but need to know how many employees would be interested in attending. The class would be held one or two days each week, with one

hour of duty time and one hour of the employee's own time. Tuition will be paid by the agency; however, employees will have to purchase their own book. Those interested should call Sydney Santos, extension 3-6374.

Thrift Savings Plan (TSP): Open enrollment for the Thrift Savings Plan (TSP) continues through January 31, 1990. During this period employees not enrolled may enroll and enrolled employees may make changes (i.e. increase, decrease deductions, move contributions to different funds). Employees subject to the Civil Service Retirement System (CSRS) may contribute up to 5% of salary, employees under the Federal Employee Retirement System (FERS) may contribute up to 10% of salary. FERS employees receive matching contributions from the Government (up to 5%). All participating

employees benefit from the tax advantage.

Drug Free Workplace: The Department of Navy will implement its Drug Free Workplace Program on January 5, 1990. This means that after January 4, 1990, employees occupying testing designated positions will be subject to random drug testing. All applicants for testing designated positions will have to be tested and found drug-free before being placed in a testing designated position. All employees will become subject to drug testing if there is reasonable suspicion that the employee is using drugs. The testing designated positions at this base are: firefighter (structural), motor vehicle operator, medical technician, dental assistant, physician assistant, medical technologist, pharmacist, and all drug screening employees.

A New Year's Resolution

By Gerri-Lynn F. Ricciardi, R.D., Head, Clinical Nutrition Division Food Management Department

NAVAL HOSPITAL, OAKLAND — On New Year's Eve, as the clock strikes midnight, and millions of people ring in the New Year, many will be stating their New Year's resolution. A perennial favorite is, "I'm going on a diet." Little do these people know that they are setting themselves up for failure. As soon as they say, "I'm going on a diet," they imply that, eventually, they will go off this diet. When this happens, they experience that awful feeling of defeat and are then haunted by those feelings of guilt, which usually leads to even more eating. And everyone knows that more eating leads to increased caloric intake, which then leads to all those unwanted pounds!

Behavioral changes

The positive way to approach this problem is through behavioral changes. In other words, make some adjustments in your daily diet that will reduce your caloric intake, but not your pleasure of eating. I've developed a simple guideline to help you cut down on calories, or "17 Ways to Fight Fat."

- Substitute skim milk or low fat milk for whole milk.
- Reduce the use of jam, jellies, preserves, honey and syrup.
- Avoid or cut down butter, mayonnaise, gravy, oil, bacon and sausage.

- Substitute fruit for dessert rather than using pastries, cookies, ice cream, pies, or other dessert items.
- Use dietetic beverages rather than regular carbonated beverages.
- Avoid french fried-foods and those served with sauces.
- Avoid high calorie snack foods such as potato, corn and tortilla chips and pretzels.
- Reduce or eliminate high-calorie alcoholic beverages that stimulate one's appetite.
- Use a sugar substitute in coffee, tea or other foods.
- Broil or bake rather than

fry meats. Grilling out-of-doors is a good way to avoid extra calories when sauces are not used.

- Take seconds of vegetables and salads rather than higher-calorie meats, potatoes and breads.
- Eat smaller portions.
- Drink coffee, tea, broth and bouillon; they are very low in calories.
- Increase amount of exercise done daily.
- Eat three meals per day. Statistics have proven that skipping meals caused one to eat more at the next meal, and this more than makes up for the calories missed before.

Are silver fillings hazardous?

By LCDR Carlton D. Cherry, DC, USN

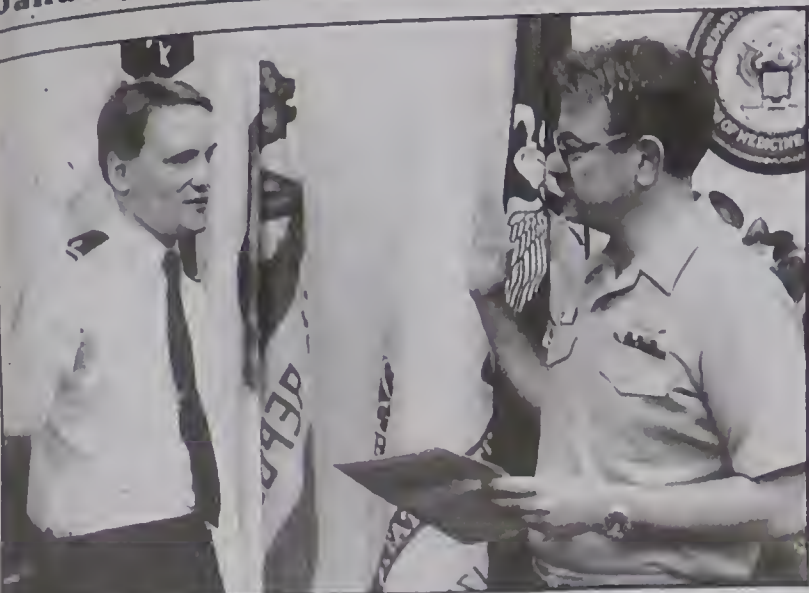
NAVAL HOSPITAL, OAKLAND — It has been known for many years that mercury is poisonous when swallowed, inhaled, or absorbed through the skin. Major damage can occur to the nervous system when exposed to high levels of mercury for a prolonged period of time.

This has caused some worry about use of dental amalgam, but nearly a century of research indicates that mercury does not present any health hazard to patients who are not allergic to it. When mercury is combined with the metals used in dental amalgam, its toxic properties are rendered harmless.

According to the American Dental Association's councils on dental materials and dental therapeutic review of scientific information, amalgam is safe for patients, and the risk to dentists and their assistants is minimized by improved instrumentation and encapsulated alloys.

Anti-amalgamists believe that mercury is released from amalgams daily and that the toxic compound can cause neurological and cardiac damage with depression of the immune system. However, the controversy comes down to whether exposure to mercury in dental fillings is linked to disease, and there is no conclusive evidence that it is.

Because of these findings, silver amalgam remains the material of choice in dentistry today.



Rossell promoted

Lieutenant Junior Grade Timothy D. Rossell is sworn in to his new rank by Rear Admiral David M. Lichtman at a recent promotion ceremony held in the admiral's office. Rossell is assigned to the hospital's Fiscal Department. (Photo by SN Mark Herrington)



De Dios ships over

HM2 Quirino De Dios takes the oath of reenlistment from Captain Donald Greenfield, head, Laboratory Department. De Dios signed up for four more years for benefits of rate. (Photo by SN Mark Herrington)



It's now Captain Murphy

Captain Pamela Murphy bursts with pride as she signs her promotion paper while Rear Admiral David M. Lichtman, NHO's CO, looks on. Murphy is the head of Command Education. (Photo by JO1 Dan Guilam)

Reel Business

'Steel Magnolias'

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — If you're a high-brow, hard core, drama critic in search of that perfect art form, "Steel Magnolias" will not be your cup of espresso. But if you're just a guy or gal looking for good old entertainment American style, with plenty of laughs and a tear or two, it's well worth the wait at theater box offices.

Set in the land of magnolias, a small town in Louisiana, this tragi-comedy stars five Hollywood stars, with Sally Field in the lead and Shirley MacLaine, Olympia Dukakis, Julia Roberts and Dolly Parton completing a circle of steel-minded friends.

MacLaine and Dukakis will have you in stitches while Field (whose role is really not all that funny) frets and fusses over her head-strong daughter, Shelby, (Julia Roberts) who is

bent on having her way, no matter what the consequences.

Except for a hilarious wedding reception complete with a "plump" lady guest gyrating to folk tunes in an ungirdled tight dress and a condom-decorated "get away" car for the newlyweds, most of the action takes place in Truvy's (Parton) Beauty Emporium where the friends meet for cheerful beautification sessions — gossiping about their neighbors and their whimpy husbands, (Tom Skerritt, Sam Shepard and others) and discussing life and the vicissitudes of Shelby's pregnancy.

MacLaine has never been more hilarious as Ouisa, the dog-loving, thrice-widowed town grouch of forty years. Together with her childhood friend (Dukakis — the dry-witted late mayor's football-loving wife) she adds spice to the plot and brings comic

relief to the saccharine sentimentality that, sometimes, laces the script. You'll die laughing at the football locker-room scene in which Ouisa doesn't want to miss a thing, and is not bashful about using her compact to get a good view of the generous display of male flesh to which her back is turned.

Although you sense there must be a reason for her casting, the point of Daryl Hannah's role as Truvy's bible-toting, religious-haunted new assistant is never really clear. There's also some discontinuity between scenes that jump from a wedding to a Christmas Fair to a funeral and, finally, to an Easter egg hunt. You know several years have passed because the children have grown, but there's no transitional periods to help glue things together.

Otherwise, it's a great show full of warmth and feelings of good will — perfect for the Christmas season. People were lined up under a battering rain on opening night, and no one was complaining as they left the theater.

Talking Points:

What is your New Year's resolution?

By SN Mark Herrington
Red Rover Photographer

PN3 Randy Castro, PSD
(Personnel Support Detachment)

"To eat less and exercise more, in order to return to the lean green fighting machine I once was."



LT Jodi Morra, Neonatal Care

"To be the best person I can be and to spend more time helping others. I feel I've been fortunate in life and I like to share that fortune with others."



YN3 Tim Shorey, Resource and Management Office

"To quit smoking for better health and to save some money. I spend \$1.80 just to smoke."



Ruby Rozenblad, DA's Secretary

"To travel more. I want to see how other people live, experience new culture and see exotic sights that travel posters advertise. I want to see how people from other countries do it all."



SH2 Kevin Lewis, Special Services

"Live life to the fullest and hold no punches."



ET2 Abdul Kadir, Duplicating Office

"I don't have any but I'll do the best I can next year. Whatever happens happens!"



Leatrice Britten, Secretary, Operating Management Department

"Not to worry about anything and be more happy than in the '80's. And hope that I receive more blessings in the ten years we have until the year 2000."



MM1 Ronald F. Fortune, Operating Management Department
"Show more appreciation to my family."

Renovation project — continued from page 6

and to monitor safety standards — quality control.

Beside Bigelow, Oak Knoll's team includes Commander Roland L. Griffin, Supply Corps, U.S. Navy. Griffin is the hospital's director of Logistics. Leading the hospital's base operations is Navy Lieutenant Commander George D. Smith, Construction Engineering Corps. Smith is assistant direc-

tor of base operations. Navy Lieutenant Craig D. Anderson, Medical Service Corps is the medical construction liaison officer and Master Chief Petty Officer Rudolph C. Bowden is customer liaison during the two-year project. Patients and staff members with general questions or complaints are encouraged to call Bowden at 633-6356.

Bigelow is responsible to the Resident Officer-in-Charge of Construction (ROICC) Office, San Francisco Bay Area, for administration of the construction contract. The ROICC office, like a subsidiary of the Naval Facilities Engineering Command, Western Division (WESTDIV), San Bruno, has served as administrator on projects such as Department of Defense Housing in Novato and construction at Naval Supply Center, Oakland.

The engineer-in-charge, WESTDIV, Metin Kundupoglu, is joined by Baha Y. Zarah, WESTDIV project manager. Together, they have ultimate responsibility for funding, monies and general project overview.

Minimal impact

Representing Ainfel is Don Kelly, the company vice president and project manager. With him, Glen Shaefer is project supervisor.

These project coordinators are dedicated to getting the job done on time and with minimal impact. Of course, during the two-year project, a lot of coordination and patience will be required from patients and hospital staff.

The hospital's commanding officer summed it up by saying, "The most important thing is that each change, whether large or small, has been done with our patients and our staff — officer, enlisted and civilian — foremost in mind."

Housing Referral Service

Civilians not left out

By Bonnie Williams
Housing Referral Coordinator

NAVAL AIR STATION (NAS), ALAMEDA — Did you know that civilian employees are offered the same service and assistance in obtaining rentals in the community as military personnel?

Employees interested in the service are encouraged to see a housing referral counselor at Bldg. #101, first deck, NAS Alameda. We have many rental units listed in East Bay communities, and information is provided to make your relocation less stressful — for example, a "welcome aboard" packet with maps, information about schools, utilities, etc., is available.

Mediation service

Also provided is a mediation service for any tenant/landlord complaints and any alleged discrimination complaints.

In the meantime, the Housing Referral Service continues to operate as a mandatory check-in point for all military personnel (accompanied or unaccompanied) who are authorized to reside in the civilian community.

Housing Referral Service office hours are Monday through Friday, 7:30 a.m. to 4:00 p.m. Drop in or phone (415) 869-2065. No appointment is necessary.

RED ROVER

Volume 2, Number 2

Naval Hospital, Oakland

January 19, 1990

Oak Knoll sets new record for CFC

NAVAL HOSPITAL, OAKLAND — The New Year came in with a big bang for the hospital's Fall 1989 Combined Federal Campaign (CFC). The recently concluded fund-raising drive, which netted \$73,509.25 in payroll deductions and cash donation, is one of Oak Knoll's success stories this past year, setting a new record for both donations and staff participation.

Although only 98% of the goal was collected, the amount raised broke all previous records for fund-raising events at Oak Knoll. To date, this is the largest contribution the hospital has ever donated to CFC.

"...a tribute to Oak Knoll's reputation as a very special place"

The 1988 CFC campaign season closed with \$42,300, while the 1987 drive tallied \$54,676. The amount collected this year represents an increase of \$31,118 over the 1988 donations, and \$18,833 more than was collected in 1987.

"We set our goal high to give us something to strive for," said Lieutenant Commander John Shore, 1989 CFC coordinator. "I'd like to thank everybody at the hospital for a job well done. The team work and caring attitude demonstrated by the staff is a tribute to Oak Knoll's reputation as a 'very special place.'"

CFC annually raises money contributed by the military and federal employees to aid local, national and international charitable organizations. The 1989's campaign theme was "Pledge For Our Children's Tomorrow."

According to Shore the key to the campaign's success can be largely attributed to the effort put forth by the keyworkers. Altogether, they collected 195 "Eagle" and 58 "Double Eagle" shares. Eagle contributors donated one hour's pay per month, while the Double Eagle sharers gave

twice that amount.

Personnelman Second Class Jimmie McMullin of Admin Support (Blue Acres) pumped in the largest donation from among the keyworkers. He amassed \$3,281, and for this feat, Oak Knoll Naval Guild presented him with a cash award.

Tremendous support

Also key to the campaign's success as pointed out by Shore was the tremendous support provided by the hospital's chain of command, from the top all the way down to the lowest man in the totem pole.

"The support of the commanding officer, executive officer and directors in particular made the CFC committee's and keyworkers' job much easier," he said.

In addition, J01 Dan Guiam's aggressive advertising strategy paid off handsomely, Shore added. The Red Rover editor, who served as the campaign's publicity coordinator, bombarded the hospital's Plan of the Day (POD) with daily doses of CFC notes and tidbits during the campaign season. And neither did his CFC flyers and posters escape the scrutiny of everyone at Oak Knoll. Not only did he dramatize the campaign in the Red Rover, but also took it outside—on the marquee where his catchy slogans such as "Caring is contagious, so is CFC," greeted those entering the compound. He was personally recognized by Rear Admiral David M. Lichtman, the hospital's CO, with a special Letter of Commendation for his outstanding support throughout the campaign.

Personal testimonies

Another contributing ingredient in the recipe of the campaign's success were the personal testimonies of Chief Hospital Corpsman Karen Delisle and Lieutenant Dave Davis in support of CFC. They set

the tone of the campaign with their true-to-life examples of how CFC came to their rescue when they needed help the most, leaving the audience motivated during the kick-off.

Besides Shore and Guiam,

the 1989 CFC committee members included Commander Gregory Gibbons, Lieutenant Commander James Menifee, Lieutenant James Jackson, Senior Chief Dental Technician Jerri McIntosh,

Senior Chief Hospital Corpsman Mark Kunimitsu and Ms. Sydney Santos.

The following is the final result of the campaign by directorate:

Con't on page 7

Living the Dream

More on pages 4 and 5

The staff of Naval Hospital, Oakland, held a service in observance of the Reverend Doctor Martin Luther King, Junior's birthday on January 15. Rear Admiral David M. Lichtman, the hospital's CO, led the "Salute to a Dream." Reverend Philip Lawson, pastor of the First United Methodist Church in Vallejo, Calif., served as the guest speaker. He relived the legacy of the man and his dream. A stirring musical number from Miss Earline Oliver and RPSN Philip Jones moved the audience and captured the spirit of the celebration.



Bay Area's finest

Bates chosen 'Federal Employee of the Year'

By J02 Tami S. Begasse
Red Rover Photojournalist
SAN FRANCISCO MEDICAL
COMMAND, OAKLAND —
"The thing that we need to in-
still in all people in manage-

professionals. Although
modest about receiving the
award, Bates has strong feel-
ings about what makes a good
leader.

"There is only so far you can

ple fairly and instilling a sense
of mission throughout the
command."

Bates is the type of leader
who strives to create an en-
vironment where everybody
wants to work together to ac-
complish a shared goal.

"It has to be unselfish," he
added. "You can't have a
situation where people are
trying to grab individual
glory."

"In order for an organization
to work right, everybody's got
to be working toward making
the organization effective
rather than creating shining
stars."

Bates, an 18-year veteran of
the Navy, began his career in
1970 as a hospital corpsman
(HM) striker. Starting in 1974,
he spent five years at Naval
Hospital, Oakland, as a
nuclear medicine technician.

Bates took a brief absence
from active-duty in 1979 after
earning his master's degree in
health care administration
from the University of Nor-
thern Colorado. He resumed
active-duty status as a lieute-

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LCDR Bates confers with Senior Chief Michael Denton, SFMC's administrative officer, concerning administrative business. (Photo by J02 T. Begasse)

ment positions is the impor-
tance of leadership rather
than management," explained
Navy Lieutenant Commander
David P. Bates III. "You can
learn management, but you
really have to work at learning
leadership."

Perhaps this philosophy is
the reason Bates was named
the San Francisco Bay Area
Federal Employee of the Year
in the management category.
This year's competition includ-
ed 48 finalists in 16 categories
selected from more than
100,000 federal employees in
the nine-county Bay Area.

Bates, currently the ad-
ministrative officer at the San
Francisco Medical Command,
was nominated for his high
caliber performance while ser-
ving as the officer-in-charge
(OIC) at the Branch Medical
Clinic, Mare Island.

As OIC, he was responsible
for "leading" a staff of 90
health care and administrative

go in developing a successful
organization by using manage-
ment theories," Bates explain-
ed. "They're good tools to
apply to an organization, but
the key to making an organiza-
tion work effectively is using
common sense, treating peo-

Research competition underway

NAVAL HOSPITAL, OAK-
LAND — Next month, the clin-
ical investigation department
(CID) of the hospital will host
the first of a continuing bian-
nual research competition to
select outstanding resident
and staff/fellow presentations.

"This kind of competition
encourages people to do more
research in an effort to ad-
vance our medical
knowledge," said Lieutenant
Randy S. Girven, Medical Ser-
vice Corps, the competition's
coordinator. "The medical
knowledge we enjoy today
wouldn't be possible without

the research activities of the
past."

The contest is open to staff-
/fellow and resident members
of Oak Knoll. Criteria for sub-
mission requires entrants to
submit an abstract of their
completed project to the direc-
tor of CID via their research
coordinator. For the uninitiat-
ed, an abstract is similar to a
story synopsis — a brief
outline that summarizes the
main points in the literary
piece.

According to Girven, the
research project may have
been recently published or
completed at another com-
mand. "It has to be a com-
pleted publishable research
project," he stressed. The
deadline for submission is
February 12.

A panel of judges will select
the top four entries in both the
resident and staff/fellow
categories. On February 28,
these entries will be presented
by their respective in-
vestigator before three judges
(military physicians from the
hospital), who will determine
the winning presentation for
each category and the overall
winner.

The overall winner will
receive a funded Temporary
Additional Duty (TAD) trip up
to \$2,500 to a conference or
workshop of his/her choice. In
addition, he/she will represent
the hospital in the Fifth An-

Con't on page 4

From the Commanding Officer
RADM David M. Lichtman

Happy New Year and wel-
come to the 1990s!

I'm looking forward to an ex-
citing and productive new
year for all of us here at Naval
Hospital, Oakland.

One big reason I'm confident
it's going to be a particularly
productive year for us is the
introduction of Total Quality
Management (TQM) as a
guiding principle for delivering
top quality health care at Oak
Knoll and all of our outlying
clinics. TQM is a system of on-
going process improvement. It
emphasizes that the only way
to improve productivity is to
improve the quality of all the
products and services that an
organization provides. Less
time and money needs to be
spent on fixing mistakes or re-
doing procedures if they are
done right the first time.

The Surgeon General's goal
for Navy Medicine in FY 90 is
to "adopt and implement TQM
in all Navy health care-related
commands."

I fully recognize that TQM
philosophy cannot be learned
and appreciated overnight.
The prudence of learning the
basics cannot be overstated.

I support a management ap-
proach to achieve quality in
our work environment which:

1. Recognizes the **integrity**
of the individual **worker**.
2. **Focuses on the process**,
not the worker.
3. Recognizes that **manage-**
ment is responsible for im-
proving the process.
4. Empowers the organiza-
tion to make decisions and

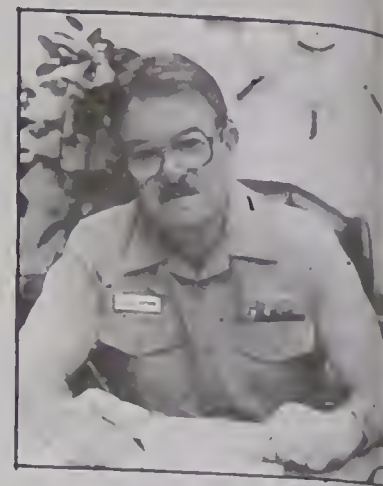
From the Executive Officer
CAPT Jack W. Bartlett

Total Quality Management
principles focus on continuous
process improvement, with
customer satisfaction as the
goal. Most areas within the
hospital have an ongoing pa-
tient satisfaction survey pro-
gram, and these results assist
you in monitoring how your
patients rate the service you
provided.

In October 1988, the results
of a national study on patient
satisfaction were released.
Mean scores of the question-
naire from 124 hospitals na-
tionwide were analyzed to
determine the contribution of
each department/service to
overall patient satisfaction. I
think you'll be interested in
some of the findings.

The top ten items that con-
tributed significantly were:

1. Staff sensitivity to patient
inconvenience.
2. Staff concern for patient
privacy.
3. How seriously the nurses



take calculated risks (yes,
risks) to improve the way we
satisfy our customers.

We have a lot of customers.
First and foremost are our pa-
tients. But the nurse who con-
tacts supply for additional
equipment, the physician who
calls radiology for X-Ray inter-
pretations, or the visitor in the
hallways asking directions, are
all customers. I want them to
get the best possible service as
a valued customer... just as I
want the corpsman on the
ward to provide the best of
care and attention to his or her
customer — the patient.

If I had one criterion by
which to judge people, it
would be the impact they had
on improving the processes (or
services) that they are respon-
sible for. None of us inherit a
perfect world. Let's make it
our New Year's resolution to
**improve the quality of the
product or service we deli-**
ver. Customer expectations
become the measure of perfec-
tion; **PERFECTION** is the
GOAL!



4. Time the patient's physician
spent with them.
5. Overall cheerfulness of the
hospital.
6. The nurses' attention to the
patients' personal and special
needs.
7. The nurses' attitude toward
the patients' calling them.
8. Technicians' explanation of
tests and treatments.
9. Nurses' information about

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Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of
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that relate to the surrounding community.

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January 19, 1990

Red Rover

Most military women satisfied with health care at DoD treatment centers

By Evelyn D. Harris
American Forces Information Services

ALEXANDRIA, VA — Some 62 percent of military women are "satisfied" or "very satisfied" and only 18.5 percent are "dissatisfied" or "very dissatisfied" with treatment provided at military clinics and hospitals. Those findings come from the 1989 Active-Duty Health Care Survey.

The Defense Manpower Data Center conducted the survey under the sponsorship of the Office of the Assistant Secretary of Defense (Health Affairs) in response to a request from the Defense Advisory Committee on Women in the Services. It is the first survey the military has conducted on women's health care. The results were presented at the advisory committee's fall conference.

Overall, 71 percent of the 7,000 women randomly selected to receive surveys returned them. Bette Mahoney, chief of survey and market analysis with Defense

Manpower Data Center, prepared the report. She said such a high response rate indicates the level of interest active duty women hold in the subject. Slightly more officers (79 percent) than enlisted women (66 percent) returned surveys.

The survey indicates that military care is equal to, and sometimes superior to, civilian care. For example, 82 percent of pregnant active duty women receive prenatal care, compared with 66 percent of their civilian counterparts. Such findings put the military's problems in context, said Carol Galaty, survey program manager.

"The military will examine the context but will not use it to dismiss problems," she said. "Before, some critics were saying that military health care was in a state of crisis. The survey shows clearly this is not the case, but the fact we aren't in a crisis does not mean there are no problems that need fixing."

Military health officials were surprised by some findings.

Based on anecdotal reports they'd received, they thought women would be more dissatisfied with their obstetric and gynecological care than with the care provided for other problems. But 68 percent of the women were satisfied or very satisfied with OB-GYN care, while only 56 percent were as satisfied with care for other problems.

Another surprise: Most military women don't care whether their health care provider is male or female. Officials had expected women to prefer female providers. Galaty said, "Such findings should be taken into account in assigning health care providers to particular treatment facilities."

The services are now developing plans to correct major problems that surfaced. Some corrections may be educational. For example, about 25 percent of the respondents expressed dissatisfaction with the time required to receive test results. Emphasizing and

Con't. on page 5

From the Command Master Chief HMCM Mike Stewart



The independent duty corpsman (IDC) belongs to a select group of enlisted men and women who function as doctors in areas where Navy doctors are unavailable. They are trained to function in every environment where the Navy/Marine Corps team can be found. No civilian IDC equivalent exists, nor do they have peers in any other branches of the armed forces. The IDC has great impact at sea or in the field with the units success because a patient's life may be totally dependent on his/her judgment. The range of knowledge the IDC's training represents is immense. On an aircraft carrier there may be 20 or 30 hospital corpsmen of several different naval enlisted codes (NEC). On a submarine or destroyer, only one or two are assigned.

"What I don't have in my head I know where to find the answer," points out HMC(SW) Fitzgerald, an IDC recently reported aboard from the Pearl Harbor-based destroyer USS Ingersoll.

"My old CO told me once he felt the only one who had more responsibility than myself was him," Fitzgerald added. "That's a lot of faith to put in a person, I think."

Whether IDCs are stationed aboard surface ships, submarines or with the Marines, they will have the same responsibility and trust given to them. When they complete a tour, they know they've done something and the way to advancement to chief, physician assistant or any of the Navy's programs opens up even wider.

The Navy's IDC program team will be visiting Oak Knoll on January 26 between 9:30 and 10:30 a.m. in the clinical conference room. Personnel interested in one of five IDC programs, E-1 on up, are encouraged to attend. A hospital corpsman detailer from NMPC will also be present.

Here's a brief summary of the NECs included in the IDC program and their purpose as follows:

HM8402 Nuclear Submarine Medicine Technician — Class length: 362 days.

Eligibility requirements: E-5 to E-7, two years time in rate as E-5 six years time in service. Not over thirty years of age (waivers considered). WK+AR=110.

Purpose: To provide knowledge and skills required to serve aboard nuclear and conventional submarines. The course includes instruction in nuclear submarine medicine

techniques; management of medical and surgical emergencies; laboratory, preventive medicine, medical diagnosis and treatment, instructor training, atmosphere control, mathematics, nuclear weapons radiation fundamentals, health physics and health administration.

HM8403 Special Amphibious Reconnaissance IDC — Class length: varies

Eligibility requirements: E-2 to E-7

Purpose: To serve with the Marine Corps recon forces. Students must complete HM8404 (Field Medical Technician School). In addition, training in parachuting, use of SCUBA and special tactics and weapons is included.

HM8425 Surface Force IDC — Class length: 320 days

Eligibility requirements: E-5 to E-7. Two years time in rate as E-5 and six years time in service. WK+AR= 110

Purpose: To provide health care and medical administration to operating forces afloat and shore activities. The course includes instruction in anatomy and physiology, physical diagnosis, laboratory, pharmacy, preventive medicine, administrative and supply procedures, responsibilities as a senior medical department representative, industrial hygiene, management of medical and surgical conditions. Also includes seven week clinical rotation.

HM8491 Special Operation IDC — Class length: 12 days

Eligibility requirements: E-2 to E-7.

Purpose: To provide advanced diving medical training for hospital corpsman, prior to assignment to a SEAL team. Students will have completed BUDS (basic underwater demolition) and Basic SEAL team course. Graduates are assigned to a Seal/BUD team and understand/treat compressed gas illnesses and

Con't on page 8

Valentine is 'Civilian of the Quarter'

By J01 Dan Guiam
Red Rover Editor

NAVAL HOSPITAL,
OAKLAND — People who

sake of working hard.

"My work philosophy is I don't work for pay, I work for patients," said the recently

Uniformed Services) is the federal government supplement to health care in military facilities.

"Basically it's a big job to advise and solve medical funding problems," said Valentine. "I've been in it for so long, but I enjoy it immensely and I'm crazy about it. Statistically, I have resolved many problems and that makes me feel good."

"I like problems," he continued. "I like difficult problems because I learn from them. CHAMPUS changes so much, and you have to keep up with the changes. If something unusual comes up and I don't know the answers, I call the CHAMPUS main office in Aurora, Colorado."

Valentine's dedication to duties is well known at the hospital. In fact, Lieutenant Shirley Washington, head of Outpatient Administration Division, had nothing but praise for Valentine's professionalism.

"He is well informed on the technical details as they apply to health care, and based on this knowledge has often resolved problems for patients that initially appeared to be insurmountable," Washington said. "He makes patients feel that he can't do enough for them, making a difficult task less confusing and frustrating."

Con't on page 8



know Robert Valentine often comment he's a workaholic. It's not unusual to see the 69-year-old health benefits advisor come to work earlier than most at Oak Knoll and only quit when his colleagues are already sitting comfortably at home watching TV.

He's a workaholic all right, but Valentine would like to emphasize that he works hard because he cares for his clients, and not simply for the

chosen hospital's Civilian Employee of the Quarter for January — March. "I have always been that way. I just enjoy helping people, period."

As one of two health benefits advisors at Oak Knoll, Valentine helps and advises eligible military health care beneficiaries who are caught in the intricacies of CHAMPUS and VA benefits. CHAMPUS (Civilian Health Care and Medical Program of the

Town Hall Update

By LCDR George D. Smith, CEC

Assistant Director for Base Operations

NAVAL HOSPITAL, OAKLAND — Your friendly public works center continues to work hard at improving the quality of life for Oak Knoll residents.

Following are some additional actions taken by our staff in this connection.

- As the Christmas season comes to an end, dumpsters have been placed in all family housing areas for disposal of trees, boxes and other refuse items. These dumpsters are not for the disposal of kitchen garbage or hazardous waste such as oil, paints, thinners, etc.
- The Cable TV contractor, Americable, installed overhead cable during the week of January 8. Assuming power is provided in a timely manner, cable viewing should be available to the hospital compound by the end of January.
- The new speed bumps for the Johnson Circle area are in and were installed the week of January 8.
- Work on the swimming pool should be gearing back up. Delay has been due to negotiation of a change

order between contracting office and contractor.

- Work is scheduled to begin in January to resurface the tennis courts and replace signage.
- Painting will resume in the Barcelona Housing area during the week of January 15. Painting stopped because painters were needed in high priority command areas: The annual operating room upgrade, Bldg. 70 move, preparation for Alcohol Rehabilitation Department; Bldg. 133 move, preparation for Education and Training and painting of 6S and 9S for surgery wards. Except for the operating room upgrade, all other moves are in connection with P-122 life safety upgrade for the hospital.

Residents are reminded that entry of guests onto the hospital grounds requires a visitor's pass. To obtain such a pass, guests need a valid driver license, a vehicle registration and proof of insurance — the same items required by California law to drive the highways.

That's all folks ... except that contrary to rumors, there are no housing units on board Naval Hospital, Oakland, that have been condemned.

Research competition

Annual Naval Academic Research Competition to be held here in May. Participants at this competition will represent the three other major teaching hospitals, San Diego, Bethesda and Portsmouth.

A Letter of Commendation will be presented to those who

Con't from page 2

enter the hospital's research competition, and all participants in the competition on February 28 will receive continuing medical education credits.

For further information, contact Lieutenant Girven at Ext. 3/5591.

An Interesting Year

(Editor's Note: This annual Christmas letter that highlights last year's events in a nutshell was written by 78-year-old retired U.S. Coast Guardman Lieutenant Commander W. R. Echols for his daughter Ramona Frandy. The recipient of this letter is assigned to the hospital's Supply Department.

Hi Ramona:

The Oakland A's took all, won four straight from San Francisco Giants who were all shook up. Both teams had good competition in play-offs. Keep eyes on Chicago Cubs next year. Enjoyed the Season very much — even Dot got excited, when not playing bingo. How about those Detroit Pistons? The 49ers are super — looking good this year too, even without Bill Walsh. The horses bet on Pete Rose, he lost, now a free agent. Hated to see it.

President George Bush and Vice President Dan Quayle have taken the reins, no erratic changes, everything moving along smoothly. Afraid of inflation though. How can the budget be balanced with disasters like "Hugo" and San Francisco-Bay earthquake? Still have Noriega and drug problems in Columbia.

The Berlin wall came tumbling down — not earthquake. I think Ronald Reagan should be given part credit for this. Does one good to see all the happy people.

Understand that Oliver North's retired pay from the Marine Corps has been restored.

Greetings you all, hope you are well and had a good year.
Loving Dad

Living the Dream

The Man and His

By Sgt. Maj. Rudi Williams, USA, American Forces Information Service

Where were you when Martin Luther King Jr. was assassinated over 20 years ago?

This question received similar responses throughout the Department of Defense.

Manual Oliverrez, DoD's deputy director for civilian equal opportunity policy, reacted emotionally. "Please wait a minute," he choked. "I need to get myself together." Oliverrez was teaching English, U.S. history and Spanish in a junior high school in Monterey, Calif., when he heard about King's assassination.

Regaining his composure after a minute or so, Oliverrez said, "I'm sorry, but you brought back a lot of bad memories. My feelings were one of shock, sadness and loss. It hurts just thinking about the assassination of people who had the potential to make America a better place to live and give it a sense of direction and great opportunity. They made you feel like tomorrow may be better than you could ever imagine. In my mind, Martin Luther King Jr. was tied in with the Kennedy assassination.

"It just exploded inside you and made you feel like the lights were being dimmed — like someone had turned down the lights and darkness was creeping back over the horizon again," said Oliverrez. "But life must go on, so you just say a prayer and keep on marching."

A member of the DoD Military Involvement Committee, which works with the Martin Luther King Jr. Federal Holiday Commission in coordinating holiday observances, Oliverrez said, "I probably have more chances than most people to read about him — books about his life, the things he stood for — which helps me understand and see that's (King's teachings) the best way for people to work...with peace, caring, love and understanding for each other. "He belonged to all of us," Oliverrez emphasized. "He's not black, Hispanic or white, because he embodied a spirit, ideal and expectation of a better America that transcend all the differences that make up America."

Oliverrez believes having a national holiday in King's honor "is an absolute necessity. There are between 40 and 45 million minorities in the country, and Martin Luther King Jr. is sort of a beacon for all of us. It's important because America has to be constantly reminded of its principles and also that it's a pluralistic society. He stood for all of us.

"There are two people who cause me to relive those terrible days — Bobby Kennedy and Martin Luther King Jr.," he continued. "They're deep in my soul for what they stood for. I feel strongly that when they both left, part of my youthful idealism went with them," said Oliverrez.

"Hush, Hush" Shield Against Racism

When King was killed Marine Maj. Doris Daniels was a high school senior "down on the farm in Prentiss, Miss., trying to find a college to go to."

When news of the assassination hit the airwaves, "There was a real element of tension — hush, hush," said Daniels, commander of the Military Entrance Processing Station that's housed in the recently dedicated Martin Luther King Jr. Federal Building in Atlanta. "School let out early that day, but we were not really told why. My parents got up around the dinner table and talked to us about it. The unique thing about parents in Mississippi in those days was that they worked hard to shield us from racism. They had a way of dressing up or dressing down incidents so a child wouldn't be scared for life.

Teary-eyed

"I was 18 at that time, and I often wonder which affected me the most, the assassination of President John Kennedy or Martin Luther King," said Daniels. "I guess it was Kennedy because I was more exposed to him because he was taught in school and Martin Luther King wasn't. I was very teary-eyed, but I'm not sure I understood the full meaning of his death then."

But now she does. In explaining how the slain civil rights leader's teachings have affected her outlook on life, Daniels said, "One part of his teachings I took on is the idealism about self-advantage, knowing yourself — the 'I can do, and I'm just as good as anyone else' attitude," said Daniels. "And also how to be the best you can possibly be without tearing yourself down."

"I've learned how to not let others get me off track with their negativism," she said. "He had a powerful message about self-control — being anything you want to be — because no one can take your knowledge away from you because they don't want you to have it. I guess I learned how to keep on stroking."

Fear of violence

Army Sgt. Maj. Herbert Schwab was working as a personnel sergeant at Fort Hood, Texas, when he heard the



January 19, 1990

Legacy

news "I was shocked and also concerned that this could cause some problems for the nation — violent problems," said Schwab, now assigned to the Army's deputy chief of staff for personnel at the Pentagon. "But that's not what he stood for. What I remember most is that he didn't stand for violence."

Civil disobedience

"I think he wanted attitude changes, but civil disobedience was as far as he would go," said Schwab. "His work made you more aware of the different things going on in this country — problems like housing, schooling and job opportunities. It's unfortunate that every American doesn't have the same opportunities."

When observing King's birthday anniversary, Schwab said, all Americans ought to reflect on the things he was fighting for. "The country has come a long way, but we still have a long way to go," said Schwab. "We don't have some of the problems of the '50s or the race riots of the '60s and early '70s. But there is still a lot of racism out there, more so in the civilian community than in the military. I personally don't see it in the military."

'It can't be true!'

Claire Freeman was driving to school with a girlfriend when she heard of King's assassination on her car radio. "We just said, 'Oh no! It can't be true,' said Freeman, deputy assistant secretary of defense for civilian personnel policy. "Let's go to school and find out for sure." I was in Riverside, Calif., at the time, and there were no riots; just a shock, amazement and deep sadness.

"His being on the face of this Earth has not only affected me, but my children, too, and it will also touch my grandchildren who are yet to be born," said Freeman. "I've always been a civil rights advocate, and he was such an eloquent, articulate advocate. He set the standard of how one should be and hold himself in terms of being an advocate for a cause, however humble it may be."

"I want young people to know about Martin Luther King Jr. — the man," said Freeman. "I want them to read his writings. I feel so strongly that even some blacks don't fully understand the full



measure of this man."

Freeman delivers about 20 speeches on military installations around the world during the King holiday week each year. Her theme is always taken from King's sermons and other works. She emphasizes black cohesiveness, stressing that blacks should help each other more. Speaking about colorcasting and class in black communities, Freeman asked: "How can we preach to the world population to rise above their racial prejudices when we in the black community are not doing it ourselves? Blacks should be more harmonious in their relationships and get involved in community social services. We have to get away from consumerism and be about helping each other."

Combat mission

Army Col. Fred Johnson was a medical platoon leader on a combat mission in Vietnam when he heard about Martin Luther King Jr.'s assassination. "We were under the tension of doing a combat mission when we got the word," said Johnson, chief of staff at Walter Reed Army Medical Center in Washington, D.C. "There was a calming effect that caused one to rethink what his life had meant. Probably, more importantly, was what was to follow, given the torch he carried for so many important issues that were needing attention in the nation — fair and equal employment practices, education, quality of life for those in more

disadvantaged neighborhoods, just to name a few.

"There was a collective embrace of his life's work by any rational and responsible person who has any faith in the history of where our nation has been and his views of

where it was going," said Johnson. "There had to be a positive stimulus, the opportunity for training and education, that one could demonstrate a competence so as to gain credibility within themselves and the society in which they existed."

Johnson said the Martin Luther King Jr. holiday "should be a dignified, festive occasion that's accorded the degree of respect as any other national holiday would enjoy"

Military women satisfied Con't from page 3

meeting turnaround time for test results would likely dispel that unhappiness, said experts.

Other problems may be corrected easily. For example, less than half the active duty women felt they were being given preference at OB-GYN clinics. A suggested fix would be for appointment clerks to ask whether a woman is on active duty.

About half the women polled said their work areas had not been checked for hazards while they were pregnant. Military policy is to check every pregnant member's

work area. Experts said work sites are usually checked at night or when the pregnant woman is not there. A proposed solution is for inspectors to put a sticker in the area to certify its safety.

Some survey areas show that health care is uneven. For example, most of the women had been taught to do their own breast examinations and received regular Pap smears and blood pressure checks. Thirty-four percent of women 35 years or older received a mammogram in the past year. (Mammograms are not recommended for women under 40 unless there is a medical

requirement.)

About a third of the women said they had never received information about sexually transmitted diseases. Some 9 percent of women polled said they were "harassed" when they asked for birth control information.

Service health officials have to report to Department of Defense (DoD) Health Affairs their corrections for areas involving low satisfaction ratings or quality problems. The recommendations will be presented at the 1990 spring conference of the Defense Advisory Committee on Women in the Services.

Students learn OR techniques

By Andree
Marechal-Workman
Red Rover Staffwriter
NAVAL HOSPITAL, OAK-
LAND — Skyline High School

from a Skyline physiology class who benefited from a tour of Oak Knoll's OR and first-hand demonstrations of surgical techniques by Navy profes-

nursing services. I think we may have done some recruiting here."

Clad from head to foot in operating room garb complete with surgical masks, the students (who were accompanied by Skyline Principal Jim Welsh, Vice Principal John Scudder and science teacher Lynne Ottenson) were also treated to a demonstration of laser surgery, lessons on the use of arthroscopy and other surgical instruments and operating procedures by Hospital Corpsman First Class Jeffrey L. Travers and Hospital Corpsmen Second Class Edward S. Thur and Gino L. Rice.

Eager presence

Led by the jovial Gallaher who spiced the tour with wit and laughter, the would-be medical professionals filled the corridors with their eager presence, peeked in the various operating rooms and watched Navy surgeons repair a damaged hand, fix a broken femur and perform other miracle mendings.

"It was fascinating," said Senior Rochelle Johnson, "because you got to see that these things don't just happen on page 24; you got to see people exercise what you read about in science books—" a sentiment shared by

biology/physiology teacher Ottenson who feels that the "partnership makes what she says 'gel' when her students see first-hand what is taught in books."

Alternative

Like her classmates, Johnson was inspired to seek more information about medical professions. Her original career goal was to go into price regulations of medications, but after seeing the nurses in action during the simulated appendectomy, nursing is what she might like to consider as an alternative.

"I wouldn't want to become a surgeon but a senior nurse in charge of everything," she stressed. "That would be great

because I could make sure that patients feel better and more secure."

The hospital tours are but one segment of a continuing partnership initiated in 1987 between Naval Hospital, Oakland, and Skyline High School. Coordinated by Captain Kenneth L. Sims, Medical Corps, and Captain Donald E. Greenfield, Medical Service Corps, the program also includes lectures on various medical topics given on the high school's premises. Greenfield is the hospital's director of ancillary services; Sims is head of its laboratory department.

Photos by
JO2 T. Begasse



Captain Donal Greenfield, (then) head of the hospital's Laboratory Department, greets Skyline students, prior to their tour of the Operating Room.

junior Byron Lara was the "anesthesiologist" during a mock appendectomy demonstration in the main operating room (OR) where he and his classmates learned about surgical procedures.

"It was fun, it made me feel important being in that position; it made me want to learn more about medicine," he said enthusiastically. "If only they had another field trip where we could see the real thing, it would be great."

Lara was one of ten students

on December 13. A component of the hospital's adopt-a-school program, this was the second tour of the main operating room offered to science students at Skyline.

Like the first visit held a week earlier, the tour was attended only by students interested in a medical career, and it was a huge success.

"They were begging to see operations in action," said Lieutenant Commander Michael Gallaher, Nurse Corps, head of the operating room



Garbed in scrub suit, the students read proper OR procedures during a simulated surgical operation.

McNair ends 47-year federal service

By Andree
Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — Cooking is something that LeLand McNair has done for a very long time. But he's never done it so well than from the time he arrived at Oak Knoll's mess hall in 1975, where his working philosophy of "leading" earned him a supervisory position after ten years.

"If I was there on time, then I could look for others to be on time, too," said the 65-year-old Navy service veteran of 47 years. "If someone else was five or ten minutes late, the job could still be done because I was there."

Military duties

But being on time is only a small factor of distinction in McNair's Navy career — uniform and civilian. According to Rear Admiral Lichtman's Letter of Commendation, he was awarded "five Good Conduct Medals and six Campaign Medals" during tours that, between 1947 and 1966, took him aboard "seven Naval vessels, three aircraft squadrons" and a Military Sealift Command ship travel-

ing to Vietnam, Thailand and Korea before he joined the galley staff as a civilian at Naval Hospital, Oakland.

McNair's dedication to duty is well appreciated by patients and staff at the hospital, where people haven't hesitated to praise both his cooking and courtesy by coming either "directly to (him) or to the food department head."

Different diets

What are some of his culinary favorites?

Although he likes preparing the different ethnic dishes each month — Black, Asian, Filipino — "I don't really have any favorites," he said with a smile. "We worked on gravy and soups for six months (while another shift cooked the meat), then we switched back and forth. But what I paid most attention to was food preparation because, for me, look is 85% and taste is 15%."

"As a cook supervisor, what I liked best was preparing different diets for the sick because that was helping them," he continued. "The dietitians would bring us a list of different diets and it was up to the supervisors to see that

menus were prepared correctly."

Positive outlook

However, it is McNair's positive outlook on life that is the real secret of his popularity. He was not upset when the hospital decided to use cooks from the USNS Mercy and he was transferred to Housekeeping. In fact, he understood the reason for the move and was happy to be given another job and be able to retain his status as supervisor.

"I had no complaint," he said. "Life is never 100% OK, but I believe that just about everything that happens has a reason and if I can see a way out, then I won't complain."

The poem by George Washington Carver he recited at his retirement ceremony on December 29 best epitomizes McNair's attitude and philosophy:

'I can'

"Figure it out for yourself, my friend, you have all that the greatest of men have had: Two arms, two legs, two eyes and a brain to use if you would be wise. With this equipment we all began, so start for the top and say, 'I can'."



The family of Mr. LeLand McNair presents him with a giant plaque that lists his assignments during the 47 years of his federal service. From left to right: Yvonne (holding Ojo), James LeLand Richard, James Richard, Anna (McNair's wife) and LeLand McNair.

What will LeLand McNair do with his time now that he's retired? Of course, he will miss the companionship of the Oak Knoll family, "the togetherness, the team work," but his life will be far from empty.

Deacon

He will continue to work with the State of California Youth Department under the auspices of the Heroines of Jericho (a Masonic order)—"giving youths scholarships, involving them with ball games to keep their minds occupied — that sort of thing. Then, (he is) also a Deacon in the Glorious Kingdom

Primitive Baptist Church, so (he) won't have time to be bored."

Married to Anna Lee, his wife of 45 years, LeLand McNair lives in East Oakland. They have a son and several grand children.

Executive Officer Con't from page 2

tests and treatments. 10. Hospital's concern not to discharge patients too soon.

As you can see, attention to how we treat our patients as human beings has everything to do with customer satisfaction.

January 19, 1990

Red Rover

Nutrition News

People, Places and Events

Be wary of food labels

By Lt. G.L. Ricciardi, R.D.
Head Clinical Nutrition Division,
Food Management Department

Being bombarded daily by ads and advice about which foods to buy in the supermarket — where shelves are piled high with a bewildering array of products — can turn shopping into a nightmare for the health conscious consumer. Food labels were designed to be informative and helpful, but all too often the nutrition claims become mind-boggling.

Required information

Regulations published by the Food and Drug Administration (FDA) in 1973, require manufacturers to provide nutrition information on many but not all food products. Nutrition information is required only if a manufacturer adds protein or one or more vitamins or minerals to a product, or if a nutritional claim is made on the label, such as "now contains fewer calories." Terms such as "lite" or "light," "natural," or "organic" have no standard definitions and are often misleading to unsuspecting consumers.

"Lite" can refer to color, taste, texture, calories, or weight. Lite Olive Oil, for instance, is milder in flavor and lighter in color than regular olive oil, but the fat and calorie content are the same.

Any product can be labeled

"natural" by any manufacturer. The term "natural" may only be used on meat or poultry if no artificial flavors, colors, preservatives, or synthetic ingredients have been used. Sometimes "100% natural" is confused with "100% pure," which means the product consists of a single ingredient (and maybe water). Juices and applesauce are common examples of 100% pure.

"Organic" usually implies that no synthetic pesticides were used when growing, processing or packaging the food, but this definition is not backed by law. In other words, consumer beware, because there is no guarantee that organic foods are completely free from pesticides, fungicides or fertilizers.

Definitions

The following list of legal standard definitions will help you make informed choices by making you a more confident label reader.

LEAN: No more than 10% fat by weight, not by calories.

EXTRA LEAN: No more than 5% fat by weight, not by calories.

LEANER: At least 25% less fat (by weight) than the original product.

DIETETIC: One or more ingredients (usually sodium or sugar) has been changed, substituted or restricted. Not necessarily low in calories.

SUGAR FREE/SUGARLESS:

Contains no sucrose (table sugar), but might contain corn syrup, fructose, honey, sorbitol or other sweeteners. Not necessarily low in calories.
SODIUM FREE: No more than 5mg sodium per serving.
VERY LOW SODIUM: No more than 35mg sodium per serving.
LOW SODIUM: No more than 140mg sodium per serving.
REDUCED SODIUM: At least 25% less sodium than the original product.

Salt-free

NO SALT ADDED AND SALT FREE: No salt added in processing. However, the food could have significant amounts of natural sodium, or sodium from other sources such as soy sauce or preservatives.

LOW IN CALORIES: No more than 40 calories per serving and no more than 0.4 calories per gram.

REDUCED CALORIES: One third fewer calories than the product it resembles, except meat and poultry which must contain 25% fewer calories than similar products.

No fat

NO CHOLESTEROL: Currently, no legal definition exists. Remember, that a product labeled no or low cholesterol may still contain saturated fats that raise blood cholesterol, and that this label does not mean "no fat."

ENRICHED: The replacement of nutrients lost in manufacturing process. Most common is the addition of vitamins B1, B2, B3 (Thiamine, Riboflavin, Pantothenic Acid) and iron to refined grain.

FORTIFIED: The addition of nutrients to foods that did not originally contain them. The addition of vitamin A and D to milk, iodine to salt, and vitamins or minerals to cereal.



Navy League honors Oak Knoll heroes

The Navy League of the United States, Oakland Council, recently honored four staff members of Naval Hospital, Oakland, for their heroic involvement in the October 17 earthquake that struck the Bay Area last fall. The honorees included (from left to right): Hospitalman William Wicker, Hospitalman Anthony Beltran, Hospital Corpsman First Class Philip Goodrich and Lieutenant Commander Allison Mueller. Wicker and Beltran were reportedly the first rescuers to arrive on the scene, and are both assigned to the hospital's Emergency Room. Goodrich is with Med Photo, while Mueller is an emergency medical technician instructor at Oak Knoll. Both took part in the extrication effort. The awards ceremony coincided with the Navy League's installation of new officers which was held at the base Officer's Club (now a consolidated club). (Photo by J02 Tam S. Begasse)



Volunteer nurse lauded

Ms. Olga Coll, a volunteer nurse at the hospital's Internal Medicine Department, accepts a Letter of Appreciation from Captain Stephen R. Veach for her untiring efforts and dedication to her job, while Commander H. J. Michenfelder looks on. CAPT Veach serves as the chief of Medicine and Director of Medical Services at Oak Knoll. (Photo by SN Mark Herrington)

Chaplain's Corner

By Father M. J. Harry

I wouldn't want to be a caterpillar. Nothing is easy, not even walking. I watched it struggle across the rug with so much determination. Digging in with its front feet, it pulled up its hind section by arching its back. Then it planted its hind feet and reared its front feet up into the air, throwing the whole front end forward and landing with a crash. Then it started the whole process all over again. Working so hard, the caterpillar couldn't see much of what was around it. There were colors, some red, then orange, then brown. Once in a while, blue or black appeared.

One day, the caterpillar will become a butterfly. It

might return to that rug, the site of so much drudgery. Flying over it, it might even see the unconnected colors now blended into a beautiful pattern. There was a bigger picture all the while, and it didn't know it. It was too close.

How many moments of discouragement or confusion are just that — moments. How many utterly final arguments aren't really so irreparable when the participants can calm down and look at the bigger picture.

Many problems seem hopeless just because we, like the caterpillar, are too close to them. It helps to step back and look for the bigger picture. Some people seek out a good friend. Some people find the bigger picture in prayer.

Bates Con't from page 2

nant junior grade in 1981 and served with the Dental Battalion at Camp Pendleton.

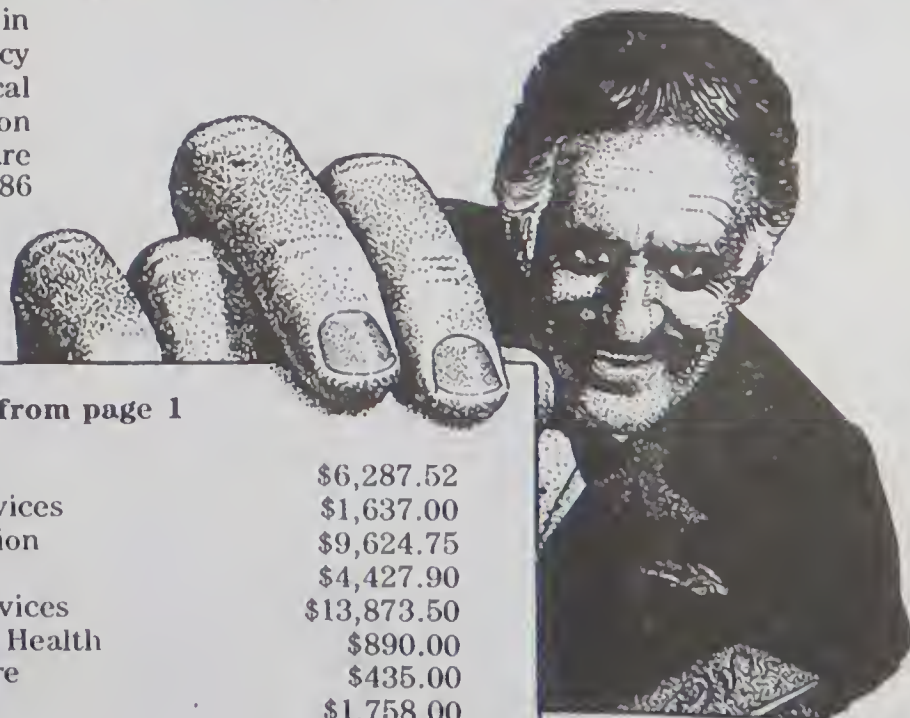
Other assignments included health service support officer, Third Force Service Support Group (3rd FSSG), Okinawa in 1982; head of the contingency department, Naval Medical Command, Northwest Region in 1984; and OIC at the Mare Island Clinic from June 1986

to June 1989, which led to his nomination in this year's competition.

Married to the former Jane Fontecchio, Bates and his wife have two boys, Ryan and Alan.

CFC Con't from page 1

01 Resources	\$6,287.52
02 Clinical Services	\$1,637.00
03 Administration	\$9,624.75
04 Logistics	\$4,427.90
05 Nursing Services	\$13,873.50
06 Community Health	\$890.00
07 Pastoral Care	\$435.00
08 SFMC	\$1,758.00
10 NSHS	\$5,804.00
20 Medical Services	\$7,814.00
21 Ancillary Services	\$11,688.18
22 Surgical Services	\$10,662.00



Sports shorts

BASKETBALL INTRAMURAL STANDINGS AS OF JAN. 10			
Team	Wins	Losses	Percent
Terminators	4	0	1.000
Untouchables	3	1	.750
Just Do It	2	2	.500
Ortho	1	3	.250
Fil/Ams	1	3	.250
NP	0	4	.000

VOLLEYBALL INTRAMURAL STANDINGS AS OF JAN. 8			
Team	Wins	Losses	Percent
USNS Mercy	5	0	1.000
Pharmacy	3	0	1.000
PT	3	1	.750
Side Out	3	2	.600
OR	1	1	.500
CPO	1	3	.250
Spikers	1	3	.250
OB/GYN	1	4	.200
Terminators	0	4	.000

MEN'S VARSITY BASKETBALL SCORES

Nov. 14, 1989 NHO 94 Naval Station Treasure Island 93
 Nov. 16, 1989 NHO 115 Naval Communication Station Stockton 86
 Nov. 21, 1989 NHO 132 Naval Air Station Moffett Field 124
 Nov. 28, 1989 NHO 95 USS Carl Vinson 85
 Nov. 30, 1989 NHO 82 Naval Air Station Alameda 94
 Dec. 5, 1989 NHO 105 Naval Security Group Skaggs Island 76
 Dec. 7, 1989 NHO 125 Naval Station Mare Island 108
 Dec. 12, 1989 NHO 87 Naval Station Treasure Island 111
 Dec. 14, 1989 NHO 2 Naval Communication Station Stockton 2 (Forfeit)
 Jan. 4, 1990 NHO 80 Naval Air Station Moffett Field 94
 Jan. 9, 1990 NHO 71 USS Carl Vinson 73

Reel Business



Bodie Werthan (Dan Aykroyd) stands with his mother, Southern matron Daisy Werthan (Jessica Tandy) and her chauffeur, the stalwart and wise Hoke Colburn (Morgan Freeman) in front of their mansion and 1948 Hudson automobile in "Driving Miss Daisy."

'Driving Miss Daisy'

"Driving Miss Daisy," a touching and humorous new film from Warner Bros. opens on Friday, February 9, at a theater near you.

Set against the backdrop of the changing American South, "Driving Miss Daisy" interweaves the touching and humorous stories of its central characters — Miss Daisy (Jessica Tandy), a highly independent, eccentric 72-year-old Southern Jewish matron, her chauffeur Hoke (Morgan Freeman), a stalwart and very patient black widower in his early 60s and her son Bodie

(Dan Aykroyd).

Warner Bros. presents A. Zanuck Company Production, Morgan Freeman, Jessica Tandy and Dan Aykroyd starring in "Driving Miss Daisy." The motion picture also stars Patti LuPone and Esther Rolle. "Driving Miss Daisy" is directed by Bruce Beresford and produced by Richard D. Zanuck and Lili Fini Zanuck. The screenplay is by Alfred Uhry, based on his play.

"Driving Miss Daisy" is rated 'PG' and the running time is 99 minutes.

Valentine

Con't from page 3

And Valentine says he's always sure of his advice when he opens his mouth and doesn't give anybody a turn around.

"I'm quite definitive when giving advice," he explained. "I don't give advice that can be interpreted in two ways. You can cause people to dole out unnecessary expenses if you give the wrong information. For example, people assume that when they reach 65, they're no longer covered by CHAMPUS. That's not true. They think that way because people chronologically go for Medicare when they're 65."

What's the biggest satisfaction he gets from his job?

"Seeing the smile on the patient's face," Valentine said. "It makes me light up, it keeps me going. I think that's the reason why I haven't had sick leave even for a day in ten years."

Indeed, Valentine has again attained perfect attendance this year and has the best record in his division. In order not to lose his leave days, he unselfishly gave a week of his annual leave recently to two employees to prevent them from having too severe financial losses.

Valentine came to Oak Knoll on April 1, 1974, as a temporary employee, and first served as a data collection survey assistant. He performed so well that the hospital's commanding officer then presented him with a Letter of Appreciation. This motivated him to continue on and work for the Navy on a permanent basis.

"I like the Navy better than the Army," said Valentine,

Navy Lodge

How it prioritizes reservations?

By Bill Mezger
 Oak Knoll Branch Exchange Manager

Did you know that the Navy Lodge located in Bldg. 66A plays a support role in the care of patients located at this facility? Unlike most Navy lodges, priority in room assignment is given to families of seriously ill patients as well as patients themselves. The Lodge accepts reservations in the following order of priority:

1. Members of the immediate family of in-patients who are seriously or critically ill and sponsors of children who are undergoing convalescence from serious surgery.
2. Members of the immediate family of all other in-patients.
3. U.S. Navy personnel accompanied by their dependents assigned to the

hospital staff, arriving or departing the area under Permanent Change of Station orders.

4. Individuals not receiving per diem payments, being treated on an out-patient basis where treatment involves early morning appointments, tests, or extensive therapy over a period of several days and who reside beyond a reasonable commuting distance.
5. Other active duty U.S. military personnel and/or their dependents.

The goal of the Navy Lodge is to provide clean, comfortable rooms and professional service to all authorized patrons. We welcome comments and suggestions. You can reach the Lodge during normal working hours at 633-6093, or for reservations call 1-800-Navy-Inn. We're proud to serve.



Santa comes to 'O' Club

Santa made a special trip to Oak Knoll's "O" Club from the North Pole to personally spread the spirit of the Yuletide Season. Before heading back to his icy domain, Santa (played by the club's bartender John Bouvier) posed with daytime cook Joel Astrolabio, Catering Manager Cindy Huston, and Catering Supervisor Angela Coon, who impersonated Mrs. Santa without permission from Mr. Claus. (Photo by J01 Dan Gulam)

Modestly, he says he didn't actually fight on the battlefield; yet as administrative officer with the 93rd Infantry Division, he was instrumental in moving the fighting men from one location to another.

Valentine has six children. He spends his off-duty time taking photos and taping video movies. He boasts of owning over 700 movies.

When asked if he plans to retire soon, the energetic Valentine quipped, "I'm going to be another Ms. Winsby. I'm gonna continue on. It feels great to help other people."

Master Chief

Con't from page 3

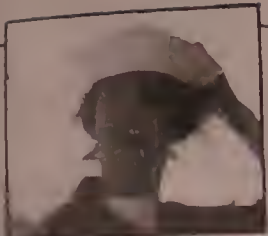
treatment of diving accidents. The course includes a rigorous physical fitness program.

HM8494 Deep Sea Diving IDC — Class length: 78 days

Eligibility requirements: E-4 to E-6. 30 years of age or less. Physically qualified IAW MANMED Art 15-32.

Purpose: To provide continued diving training and extensive instruction in diving techniques with emphasis on the physiological aspect. Personnel will be trained in all aspects of mixed gas and conventional diving, treatment of divers with compression illness and advance diving physics, thereby preparing them for independent duty with diving activities on the fleet. Qualified to a maximum depth of 300 feet.

For more information, see the command career counselor, or one of our retention team members. I am also available to discuss your future. Stop by or give me a call at 35324.



**Who's that
girl?**
Page 4 & 5

Shape up or ship out
Page 2

Lehman retires
Page 3



RED ROVER



Volume 2, Number 3

Naval Hospital, Oakland

February 2, 1990

MCPON to visit Oak Knoll

NAVAL HOSPITAL, OAKLAND — If you're an enlisted active duty sailor, don't think twice before setting aside February 5 on your calendar. Avionics Master Chief Duane Bushey, the Navy's top enlisted man will be in the hospital to address any issues you may have concerning your naval career.

"He is coming to address the medical community on Navy issues" said Command Master Chief Michael Stewart. "And this is our chance to let him know how we feel about the Navy in general and on certain issues affecting our career in particular. This is also the time

to show him why Oak Knoll is a very special place."

The visit will be short, but it will be filled with activities in honor of this most distinguished enlisted Navy personality.

The Master Chief Petty Officer of the Navy will arrive at the hospital at 9:30 a.m., and will be met by Rear Admiral David M. Lichtman, the hospital's commanding officer, along with the executive officer, Captain Jack W. Bartlett and Master Chief Stewart.

At 10 a.m., Bushey will meet with the hospital's and branch clinics' chief petty officers in the Clinical Assembly. This

meeting is also extended to chiefs aboard the floating hospital ship USNS Mercy (TAH-19).

- SOY luncheon

Bushey will be the guest of honor for the "Sailor of the Year" luncheon to be held at the consolidated club at 11:30 a.m. The banquet will honor the hospital's top enlisted performer. This type of ceremony holds fond memories for the master chief. For the record, Bushey was the 1973 Sailor of the Year for the Commander-in-Chief Pacific Fleet and was chosen the Military Citizen of the Year by the Norfolk Chamber of Commerce when he was

assigned with the Commander Tactical Support Wing One in Virginia during the mid-80's.

The enlisted community will have the chance to meet with Bushey at 1:00 p.m. in the Clinical Assembly.

He will conduct an inspection tour of the enlisted barracks (BEQ 501) following the meeting. Before heading for Naval Air Station Moffett Field, he will visit the USNS Mercy for a tour.

Bushey has come up the ranks in his military career from an airman recruit to the highest rank of Master Chief Petty Officer.



AVCM Duane Bushey

Uncle Sam owns health records

By J01 Dan Guiam
Red Rover Editor

(Editor's Note: Due to the P-122 construction project, active duty records are now located in the former CHAMPUS office, Room 2-1-4. The hours of operation are 7 a.m. - 4:30 p.m., Monday through Friday.)

NAVAL HOSPITAL, OAKLAND — Who says you can keep your health records?

Recent findings at the hospital revealed that 30 percent of active duty health records

have been checked out and not returned to the Outpatient Administration Division.

The Manual of Medicine and the NAVMEDCOMINST 6150.1 stipulate that the health record is the property of U.S. government and must be retained in an organized military treatment facility, according to Lieutenant Sheryl Washington. Chapter 16 of the Manual specifically states that "active duty personnel shall not maintain custody of their health record." Washington is

the hospital's head of outpatient administration division.

Continuity of care

Oak Knoll staff members are not doing the hospital any favors when they hold onto their medical health records. Plus it makes the health record keeper's job difficult.

"Active duty health records must be verified periodically throughout the year," Washington pointed out. "The record should always be available for continuity of care. For example, filing lab and x-ray reports and entering results of immunizations.

"We must also remember that we are in the military and are subject to be mobilized at a moment's notice," added Washington. "Although it is peacetime, we have to be ready to leave anytime if a war erupts. We would not have time to update immunizations and verify reports at this point. We must be ready at all times. Furthermore, active duty personnel should have their shots updated; because, once they are mobilized, they are subject to be sent to endemic areas where diseases are prevalent. Wartime readiness is the key

Con't on page 8



Karen Anne is New Year's baby

By J01 Dan Guiam

NAVAL HOSPITAL, OAKLAND — The Oak Knoll stork had to make a lot of stopovers late last year, so when Judith Vallecillo didn't get her wish to have a Christmas baby, she packed her bag and went straight home, a bit disappointed. After all, she had been told by her doctor that the baby would arrive on Christmas day and had already picked a name — Noel.

To cheer up the wife of U.S. Coast Guard Chief Egbert Vallecillo and to make up for its unexpected delay, the stork finally delivered the baby 35 minutes past midnight on New Year's day.

She was the first baby born at Oak Knoll in 1990 — and that made the Vallecillos even more happy and proud. Thanks to the stork, the baby is now part of Oak Knoll's history. However, the parents didn't have a name ready to commemorate that special day for fear the stork might not live up to its promise again. They simply named their 8

Con't on page 3



Lieutenant Sheryl Washington (left) confers with Hospital Corpsman Third Class Sabrina M. Whaley on what needs to be updated in a medical health record. Whaley is one of two record keepers for the active duty section. (Photo by J01 Dan Guiam)

Shape up or ship out, no ifs and buts

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — It's PRT (physical readiness testing) time again, folks, and Naval Hospital, Oakland, has never been more serious about enforcing Secretary of the Navy's Instruction (OPNAVINST) 6110.1C about both body fat content and physical readiness, said Signalman First Class Ron H. Darnell.

"Sailors who are physically fit are ready for combat. They survive better, they recover better," he said "They also take better care of people and that's an important factor for medical personnel."

Darnell is physical readiness division petty officer, newly aboard to replace Hospital Corpsman Second Class Marvin J. Gribbins. Attached to the Command Education Physical Readiness Division, he answers to Lieutenant Steven K. Davis, Medical Service Corps, the overall command fitness coordinator, and is responsible for scheduling, con-

ducting and recording results of PRTs and body fat measurements and risk factor screenings. He also handles administrative red tape and ensures that all personnel who failed to meet physical readiness standards are enrolled in an appropriate remedial conditioning program.

Body fat measurements and

determines whether (the) condition is due to lifestyle or to medical reasons."

Service members who are found "obese" by Navy standards are given three chances to lose weight over a period of 16 months. But, depending upon the judgement of the commanding officer and the Naval Military Personnel

"Sailors who are physically fit are ready for combat...."

— SM1 Ron Darnell

risk factor screening for hospital personnel were conducted on January 24, 25 and 26; and anyone who didn't measure up will not be permitted to take the PRT on March 6, 8, 13 or 15 and will be subject to appropriate penalties.

According to Gribbins, there are two categories of excessive body fat, "overfat" and "obese." The first time they're diagnosed, the former are allowed to take the PRT; the latter "are sent to a medical officer who

Command, (NMPC), if they've been given every chance of losing weight and haven't, they can be discharged, warned Gribbins.

Rehabilitation

"If they're E-5 and above with good career potential, they can be sent to Miramar for rehabilitation, but this must be recommended by the commanding officer," he added. "A letter is sent to Naval Military Personnel Command (NMPC) for E-4s and below, with recommendation for discharge."

Miramar, as it is commonly known, is a Level 3 rehabilitation program for overeaters that is part of the Naval Alcohol Rehabilitation Center located at Naval Air Station, Miramar, near San Diego — an in-patient facility with a very stringent weight reducing program.

What happens to those considered "overfat," who didn't pass the PRT the first, second, or third time?

Overfat

They are required to enter into the command level 1 physical conditioning program and are sent a 'page 13' warning letter that is made part of their service record, explained Gribbins.

"Members measured overfat for one or two consecutive PRT cycles can be recommended for advancement and can actually be advanced, but they cannot be frocked. Those found overfat for the third time can be retained in the Navy but cannot be frocked, advanced, or promoted. In addition, an evaluation/fitness report (EVAL/FITREP) is entered in their service records, any pending advancement or promotion is delayed and they cannot transfer until they're standard weight," Gribbins said.

However, "it is not our intention to discipline anyone as a result of failure to pass the test or meeting standard measurements. Our goal is to help personnel achieve and administer the test properly," Darnell interjected.

And they must have been doing a good job because Oak
Con't on page 6

From the Commanding Officer RADM David M. Lichtman

Some of you may not be aware that we share this base with another very important command. That command is doing some very intricate and high quality planning to make the future easier and better for all of us involved in military medical care in the Bay Area.

I'm referring, of course, to the San Francisco Medical Command (SFMC), housed in what used to be the headquarters of the Northwest Region.

The San Francisco Medical Command is a joint command with the Army. Its primary role is planning — planning for the future long-term coordination of all Bay Area military medical care and contingency planning for potential disasters or emergencies in the Bay Area. The SFMC is planning another earthquake exercise similar to the one last April 18.

Letterman Army Medical Center (LAMC) is slated to close, so the SFMC has to help the Navy plan its catchment area management to maintain quality care for all those people who were going to Letterman for treatment. Originally, SFMC was planning to combine all of the residency programs between Oak Knoll and LAMC. Now many Army providers will be assigned elsewhere. But because the Army



felt it would be advantageous for them, SFMC will combine parts of the two services' general surgery, orthopedics, and urology programs. SFMC will also integrate these and other residencies into the East Bay Consortium under the auspices of UC Davis.

SFMC is also a money saver for us. It helps us find greater efficiency in our use of personnel, and looks for dollar savings wherever joint purchasing is a logical option.

The bottom line is that the San Francisco Medical Command is a tremendous resource for us. It helps us get our job done now and on into the future. We're fortunate and proud to have the SFMC aboard Naval Hospital Oakland.

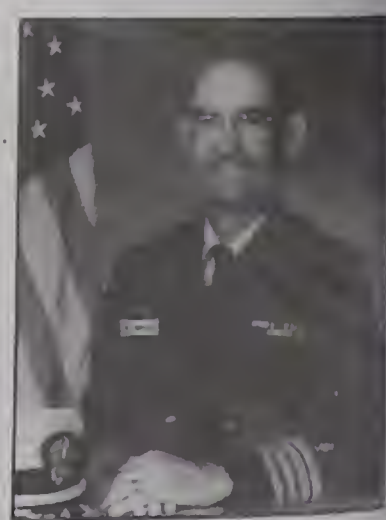
From the Executive Officer CAPT Jack W. Barlett

Not too long ago Rear Admiral Lichtman wrote to you in an editorial about how nice it is to come into a hospital with a bright clean new lobby area. It presents a cheerful face to our patients and visitors and says something about how we feel about ourselves.

The same is true about our individual workspaces. The kind of surroundings we work in, the environment we create around ourselves, tells other people a lot about how we feel about them and about ourselves.

Many of us take great pride in keeping our spaces clean, neat and functional. Some of us even put up decorations, plaques and photos — mementos of special occasions that means something to us personally. I want to encourage the rest of you — who may have let things slip a bit — to get back on board and get you spaces shipshape. This is a Navy hospital; let's make our spaces reflect our pride in being a special kind of place.

Admiral Lichtman has been walking around, doing zone in-



spection. Most of the time he likes what he sees. But he has told me he feels something must be done when the junior people have to work in a less than sparkling atmosphere. Their leaders should care more about their working conditions.

Don't wait for housekeeping to come around and pick litter up off the floor. Take pride in your spaces — you spend a lot of time there. Show your patients, visitors and shipmates that you care about them — and you care about yourself.

VADM Zimble: 'Bravo zulu!'

On November 29, 1989, Sergeant Marc A. Thompson of Alameda County Sheriff's Department sent a three-page letter to Rear Admiral David M. Lichtman thanking him for sharing the Navy's resources with the community, and singing the praises of Oak Knoll's medical team for its tremendous help during the October 17th earthquake. Paying special tribute to the hospital staff's assistance during extrication efforts at the Cypress collapse, Thompson singled out Commander Alison Mueller for her courage and initiative in the "grisly ordeal of removing victims." He also commended the expertise of Petty Officer Phillip Goodrich's photographic crew who assisted in removing remains in addition to documenting the events through photographs that have potential historical significance. "Needless to say Admiral," he concluded, "I am deeply impressed with your personnel. It was an honor and privilege to serve with such men and women. Their courage, selflessness and perseverance will live in my mind forever. God bless you and them."

THE SURGEON GENERAL OF THE NAVY

4 January 1990

Dear Dave,

Thank you for your letter which enclosed a letter from Sergeant Marc Thompson of the Alameda County Sheriff's Department. His letter was most complimentary of your staff's assistance at a time of great need. I am proud of your tremendous efforts to help with this tragic situation.

I appreciate you bringing this to my attention. Keep up the good work.

BRAVO ZULU!

Respectfully,

JAMES A. ZIMBLE
Vice Admiral, Medical Corps
United States Navy

Rear Admiral D. M. Lichtman, MC, USN
Commanding Officer
Naval Hospital
Oakland, California 94627-5000

February 2, 1990

Red Rover

New career initiatives for nurses posted

WASHINGTON (NNS) — Several new initiatives have been put in place by nurse corps detailers at the Naval Military Personnel Command (NMPC) to retain those now on active duty and to recruit new nurses. The Navy as well as the nation, is facing a shortage of qualified nurses.

Fourth detailer

One of the new Navy measures was to add a fourth detailer to the NMPC nurse detailing team in order to provide a detailer dedicated to Lieutenant Commander nurses.

Additionally, monthly conference calls are being placed

to overseas locations to give medical department personnel a chance to talk to their detailers on a one-to-one basis.

Co-location

Co-location is another area receiving special attention from NMPC detailers. Approximately 15 percent of Navy nurses are currently in a co-location arrangement with their active-duty military spouse. "We are committed to the co-location needs of our nurses and will work hard to help those who are married to other service members," said Captain Barbara O'Brien, the Navy Nurse Corps Detailer.

One of the biggest areas NMPC is working on is the area of promotion potential for nurses. The Chief of Naval Personnel, Vice Admiral (VADM) Mike Boorda, is totally committed to helping the Nurse Corps get the numbers they need so that they can promote all the officers that are eligible.

O'Brien explained her approach to the on-going improvement. "We need to be more responsive to questions and do a better job of providing straight answers. We need to say 'YES' whenever possible, trying not to be rigid when flexibility is the right answer."

CAPT Lehman ends 28-year naval service

NAVAL HOSPITAL, OAKLAND — Captain Paul C. Lehman, the hospital's director for general practice residency in dentistry and head of the endodontic division, ended his 28 years of naval

service at a recent retirement ceremony.

Lehman attended Franklin and Marshall College in Lancaster, Penn., and graduated from the University of Pennsylvania School of Dentistry

with a degree of Doctor of Dental Surgery in 1961.

He was commissioned in the United States Naval Reserve in 1957 and served in the Ensign 1925 Program until graduation from dental school. He entered active duty as a lieutenant in the naval reserves, and was augmented to the regular Navy in 1962.

Lehman's previous duty stations included: Boston Navy Yard; McMurdo Sound, Antarctica (winter-over party); the Navy Yard in Washington, D.C.; USS Proteus (AS-19), Postdoctoral Fellowship in Endodontics, Washington Navy Yard; Master of Science in Endodontics, University of North Carolina in Chapel Hill; 22nd Dental Company, Fleet Marine; Camp Lejeune, North Carolina; Quantico, Virginia; Rota, Spain and director of the general practice residency

programs at Naval Hospital, Portsmouth, Virginia, and Naval Hospital, Oakland.

Lehman is a board-certified endodontist and served as visiting professor in endodontics at the University of North Carolina from 1971 through 1978. He is a member of the American Association of Endodontics, American Dental Association, Northern California Association of Endodontists, Bay Area Armed Forces

Dental Study Group, Tar Heel Endodontics Study Group and the United States Naval Dental Corps Endodontic Association.

A native of Penns Grove, New Jersey, Lehman is married to the former Ann Ray of Pittsburgh, Pennsylvania. They have four children, Linda Mosely, Robin, Paul Jr., Leslie, and two grandchildren, Kristen and Mardi Mosely.

Follow rules if you drive on base

The first rule to remember if you plan to drive aboard Naval Hospital Oakland is that your vehicle must have a Department of Defense decal. To get this, go to pass and decal office at Bldg. 102 by the main gate. The naval station decal office issues decals from 8 a.m. to 8 p.m. on Monday, Wednesday and Friday and 8 a.m. to 3:30 p.m. every Tuesday and Thursday.

If the office is closed when you arrive, you can get a temporary pass at the main gate.

For either a decal or a pass you will need to show your automobile registration, your drivers license, military identification card, and proof of insurance.

The maximum speed limit on base is 20 mph. Parking areas are limited to 10 mph and housing areas to 5 mph. While speeding tickets issued on base will not be reported to state license authorities, they

are recorded and can cost you your base driving privileges, as can parking tickets.

If you drive a motorcycle, you must wear:

- An A.N.S.I.-approved helmet with a chin-strap firmly fastened.

- A full face-shield, shoes or boots with leather sides and hard leather or rubber soles, full-finger gloves, full-strength trousers and a long-sleeve shirt or jacket.

You must also have the

headlight on.

Bicycles must be registered with the Oakland Police Department.

The state registration inspectors check to make sure that the brakes make only one wheel-skid on level pavement and that the rider can comfortably grasp the handle-bars.

Once the bike is registered with the state, you can get a decal from pass and decal at the designated times mentioned above.

Karen Anne Con't from page 1

lbs 2 oz, 19 inches long daughter Karen Anne. "We're happy to have a girl to complete our family," said the mother. "We knew it would be a girl. I had an ultrasound check."

According to her mother, the baby resembles her three-year-old brother Eric. "Her features are that of my husband's family side," she said. "Nothing yet on my side."

When asked if she wants another baby, Judith shrugged her shoulder and said, "Two is enough... and I don't want to be kept in suspense with the stork's unreliable delivery schedule."

Chief Vallecillo had the duty on New Year's Eve but the Coast Guard was nice enough to let him go and be at the hospital at the time of the delivery. He is assigned to the Search and Rescue Coordination Center in Alameda. The Vallecillo's live in Newark.



Lieutenant Junior Grade Deborah Gregory of the hospital's nursery presents a huge teddy bear to Oak Knoll's first New Year baby sleeping in her mother's arms (Judith Vallecillo). (Photo by JO1 Dan Guiam)

Red Rover

Named after the Navy's first commissioned hospital ship.

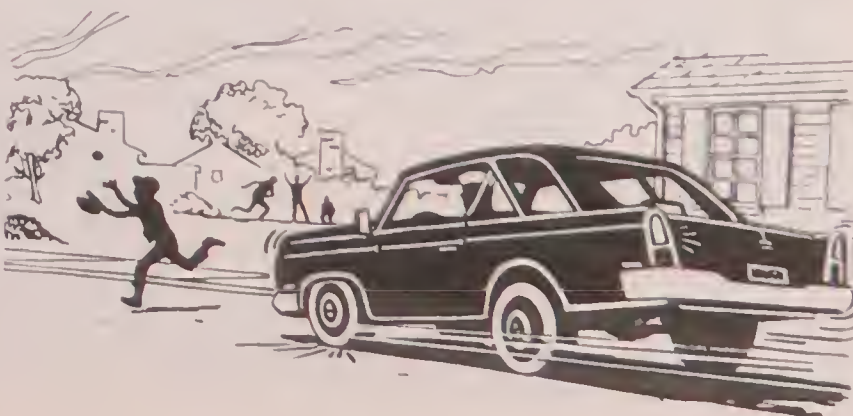
The Red Rover is published bi weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

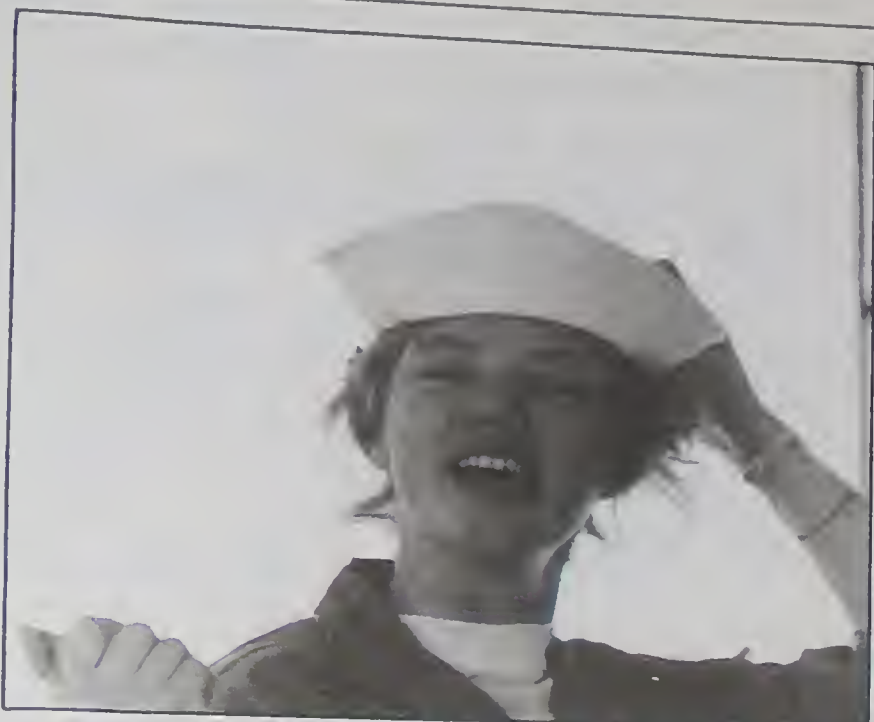
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YNSN Tom Rizzo
SN Mark Herrington
SN Laura Martin





A caring professional leaves her mark

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — Brass plaques dissolving into fragments of light . . . a velvet bow of dusty pink gathering a bouquet of satin roses . . . a stained glass pane with "Pinky" etched over a vintage Coca Cola display . . . a large tapestry depicting the USS Repose on a red cross field . . . poetic posters . . . photographs . . . a pink satin hair band and a box of kleenex standing guard over mounds of paperwork — no one is in the office, but a warm and inviting presence looms over the silent space . . . waiting.

The presence is Captain Joan "B" Glass, Nurse Corps; the office, that of Oak Knoll's director of nursing services (DNS), a position the captain has held for four years and two months—from November 1985 to her retirement on January 31, 1990, after 28 years of compassionate service and superb leadership.

People-oriented

But her service to Oak Knoll extends much farther than that. In fact it dates back to 1967 when she worked in the medical surgical intensive care and burn and coronary care units in Bldg. 65-B, (now the Navy Drug Lab).

"She was a lieutenant then and the most magnificent nurse and leader that I've ever worked for," said Mary Smith with fervor. Smith, who is now an equal opportunity specialist, was Glass's ward clerk at the time.

"She was a good boss — professional, tough, compassionate, people-oriented and very successful in her role of manager in a day and age when women weren't expected to be good managers.

"I watched her work with many dying patients," continued Smith. "I particularly remember a 20-year old Viet-

nam veteran dying of hepatitis. All he wanted in the world was a doughnut, and in the midst of a terrifically busy schedule, she went to buy a doughnut during her lunch hour and fed it to him, bit by bit. He died calling her name, saying 'thank you' over and over."

Role model

Glass's devotion and humanity is well known throughout the hospital. Like Mary Smith, Lieutenant Al Twocrow, Nurse Corps, branch head of nursing education, has nothing but praise for her compassion and competence. In fact, if it weren't for her, he's sure that he would have been discharged from the Navy due to health reasons.

"She was a pivotal factor in my being retained on active duty," he explained, "She went out of her way in soliciting people in Washington, D.C., and without her I wouldn't be here today.

"She's a very significant person at the hospital, a positive role model to nursing services," he added — a sentiment shared by Commander Shirley Hicks, former academic director of Naval School of Health Sciences, San Diego Detachment, who was her roommate for six months on the USNS Mercy during the hospital ship's humanitarian training mission in the Philippines in 1987.

Extremely knowledgeable

"I've known her for four years," said Hicks. "She's extremely knowledgeable and has

done a great deal for nurses in this command. Among the 'Big Four' leaders (Bethesda, Portsmouth, San Diego and Oakland) she stands tall."

Although Captain Glass is an asset to her fellow Nurse Corps officers, patients are always will be one of her foremost considerations. That why she's ambivalent about high tech in Navy medicine because, sometimes, it makes it difficult to maintain human contact she feels is important to the nursing profession.

"Patients are human beings, not numbers on a page," she stressed. "And, even though technology enables us to give them better care, sometimes it makes it harder for us to 'find' them — to 'read' their faces, to touch and comfort them."

Stanford graduate

Trained at Stanford University's School of Nursing, the popular native of Spokane, Wash., joined the Navy as an officer candidate in 1961 during her senior year. She didn't have an especially burning mission to become a nurse but at the time, "when you graduated from high school, a woman was expected to either get married and raise a family, become a teacher, a secretary or a nurse."

She chose nursing, and what a time she made of it.

After tours at Bethesda and San Diego, in 1967-68 she served aboard the USS Repose (AH-16), a hospital ship that



Photos courtesy
by CAPT
Joan "B" Glass



February 2, 1990

onal

"She was a good boss — professional, tough, compassionate, people-oriented and very successful in her role of manager in a day and age when women weren't expected to be good managers."

— Ms. Mary Smith

sailed the Vietnam waters, taking care of casualties. She was staff nurse of a 14-bed intensive care unit and is very proud of the medical team's record.

Teamwork

"It was team work personified," she explained. "Everybody was there for the same thing. We didn't watch clocks; there were no 8-hour shifts. We simply started when we needed to start and ended when the work was over.

"We did a good job. We had less than 1% mortality; if they could bring (the wounded) to the ship, we would save them."

How does Captain Glass want to be remembered at Naval Hospital, Oakland?

"As a caring professional," she said simply

But her nurses put it best with the essay they wrote about her service on the USNS Mercy mission.

You seem a lioness with the heart of a lamb; at once a fiercely protective defender, yet possessed of extraordinary and gentle compassion; firmly forward-looking while cherishing

the nostalgic past; intolerant of careless error while accepting human frailty; you are a sea of enigma, yet your humanity is well charted."

Photos (counter clockwise): A baby with a promising future; a Stanford University nursing student in 1961 when Navy recruiters spotted her; a lieutenant in 1967 with Stanford classmate Lt. Sue Russel (right); playing with kids in the nursery aboard USNS Mercy; CAPT Glass ready to hit the "battlefield"; as Oak Knoll's director of nursing services; a junior nurse aboard USS Repose; getting ready for the shellball initiation aboard the floating hospital ship USS Repose.



"Patients are human beings, not numbers on a page. And, even though technology enables us to give them better care, sometimes, it makes it harder for us to 'find' them — to 'read' their faces, to touch and comfort them."

— CAPT Joan 'B' Glass



Change your diet for better health

By Lt. G.L. Ricciardi, R.D.
Head, Clinical Nutrition
Division Food Manage-
ment Department

It seems only appropriate to celebrate Valentine's Day (my favorite holiday) during AMERICAN HEART MONTH. While the focus is on giving your loved one candy, flowers and cards filled with sentimental thoughts, we ignore the fact that more people in the United States die each year from heart disease than all other illnesses combined. Coronary heart disease has been the leading cause of death and chronic serious disability in the United States for many years.

Arteriosclerosis is a disease in which blood vessels are

blood supply. Fatty deposits form on the arterial wall, causing narrowing of the passage-way and retardation of blood flow. Once cholesterol deposition begins, the artery is injured and scarring can occur, enlarging the obstruction. Cholesterol makes up the major portion of this deposition or plaque, along with smaller amounts of triglycerides.

Although cholesterol is required for the normal function of cell membranes, high blood cholesterol causes the disease to progress further, increasing chances of a heart attack or stroke. For this reason, high blood cholesterol is considered a major risk factor for coronary heart disease and stroke. Since

of exercise, high blood pressure and diabetes mellitus.

In anyone with a high cholesterol level, these additional risk factors can be extremely dangerous. They can all be controlled, however, and you're the one who can do it.

Smoking is an extremely important risk factor and like diet, one that can be controlled by the patient. One theory of the way smoking increases the risk is that it damages the arterial wall and allows more cholesterol from the bloodstream to enter the artery. Another theory is that smoking leads to the formation of blood clots in partially obstructed coronary arteries.

Abnormal facts

Obesity contributes still another hazard. It probably acts to produce abnormal fats in the bloodstream, which causes changes leading to arteriosclerosis. Lack of exercise, via obesity, may also escalate your chances of developing heart disease. Traditionally, studies have shown that exercise itself is a protective factor against heart disease.

High blood pressure is another major risk factor and, again, one that can be controlled. Even mild elevations of blood pressure can double the risk of heart attack. High blood pressure seems to force cholesterol into the arterial wall and promote its deposition. Another way in which high blood pressure may cause arteriosclerosis and subsequent coronary heart disease is by damaging the artery, allowing for increased deposits of cholesterol.

Diabetes mellitus may cause damage that increases the chances of heart attack and decreased blood flow to the extremities.

Natural aging

Changing your diet is a vital step toward better health. Take charge today! You must work to change factors adversely influencing your health. This means replacing less than good habits that contribute to your condition with good ones, and it takes time and effort. There's little you can do about natural aging. You can't pick your parents, but you can stop smoking. You can lose weight. You may improve your heart's efficiency. You may lower the amount of cholesterol in your blood. You can take control of your behavior patterns and make a choice for a healthier and longer life. You can make things happen that will lead to improved health for the rest of your life! So, this Valentine's Day, give your family a healthy heart that will last for a lifetime.



narrowed or occluded by deposits of cholesterol. In arteriosclerosis, fatty deposits cut down on the flow of blood to your heart and other parts of your body, which cannot function properly without sufficient

large amounts of triglycerides are not found in the arteriosclerosis plaque, high triglycerides are a questionable risk factor.

Other major risk factors are: cigarette smoking, obesity, lack

"Hi! I'm Coke...."

My name is **Cocaine** — call me **Coke** for short. I entered this country without a passport. Ever since then I've made lots of scum rich. Some have been murdered and found in a ditch. I'm more valued than diamonds, more treasured than gold, Use me just once and you too will be sold. I'll make a schoolboy forget his books. I'll make a beauty queen forget her looks. I'll take a renowned speaker and make him a bore. I'll take your mother and make her a whore. I'll make a schoolteacher forget how to teach. I'll make a preacher not want to preach. I'll take all your rent money and you'll be evicted. I'll murder your babies or they'll be born addicted. I'll make you rob, and steal and kill, When you're under my power, you have no will. Remember, my friend, my name is "Big C," If you try me one time you may never be free. I've destroyed actors, politicians and many a hero. I've decreased bank accounts from millions to zero. I make shooting and stabbing a common affair. Once I take charge, you won't have a prayer. Now that you know me, what will you do? You'll have to decide, it's all up to you. The day you agree to sit in my saddle The decision is one that no one can straddle. Listen to me, and please listen well, When you ride with cocaine you are headed for hell.

— Author Unknown.

Up-Close



HM2 Christine C. Wurst

Naval Hospital, Oakland

Date joined the Navy:
July 28, 1985

Why did you join the Navy?
Travel, money, education and fun!

Workcenter:
Inpatient Nursing Services Office (on 8th Floor)

Job description:
Leading Petty Officer of all 8th Floor corpsmen.

The most challenging part of my job is: being the middleman between the junior and senior people, and keeping them together as a functioning team.

Without my skills and expertise, my workcenter wouldn't be able to effectively: work with administrative concerns on their mind.

Hometown and what it's famous for: Toledo, Ohio — Jamie Farr's (Corporal Klinger of the TV series M*A*S*H) favorite place to eat.

Hobbies: Reading, camping, photography, driving, music, art and history.

Likes: Nature, freedom, college.

Dislikes: Littering, pollution, corrupt politicians, math, violence, hatred and prejudice.

Role model/heroes: Any person or organization that fights to save the land, and people's or animals' rights.

If I could do it over again, I'd: depend less on others and more on myself while starting out.

I wish I could stop: violence and prejudice.

I respect myself for: my values, accomplishments, views and ambitions and outgoing lifestyle and personality.

My immediate goal is: complete a BS in hospital administration in order to be commissioned in Medical Service Corps soon.

Advice to others: I encourage everyone to take advantage of the opportunities available in the Navy, and in life. Time passes so fast, don't waste it!

Shape up Con't from page 2

Knoll's level of failure has decreased considerably, they said, "with about one-fifth of personnel achieving 'outstanding,' and the percentage going up each time."

So, if you're on the "pleasingly plump" side and want to join the achieving crowd, do

yourself a favor: think "exercise" and follow Lieutenant Ricciardi's dietary column in the Red Rover. She has many good, healthy, weight-saving tips that could set you on the outstandingly rewarding path without sacrificing too many of your favorite foods.

Red Rover

February 2, 1990

People, Places and Events



Ralston awarded NAM

Hospital Corpsman Second Class Richard Ralston is awarded the Navy Achievement Medal by Rear Admiral David M. Lichtman, the hospital's commanding officer. Ralston, an instructor in EMT, Basic Life Support and Code Four, was honored for his expertise in streamlining the pre and post course correspondence for 12 Advance Cardiac Life Support courses, two Pediatric Advance Life Support courses and six Advance Trauma Life Support courses. The leading petty officer for the Education and Training Life Support Division heads for Fort Sam Houston in Texas for Respiratory Therapy "C" School. (Photo by JO1 Dan Gulam)



Red Cross gets X'mas check

Captain Joan "B" Glass, the hospital's director of Nursing Services, hands a \$250 check to a Red Cross representative in support of the organization's disaster relief operations. Instead of holding their annual Christmas get together and exchanging gifts, staff members of the Administrative Department of Nursing Services decided to donate their money for a worthy cause to share the spirit of Christmas. (Photo by JO1 Dan Gulam)



Leidich rejoins Oak Knoll

Lieutenant Commander Raymond B. Leidich is sworn in back to the Navy by Rear Admiral David M. Lichtman. Leidich served in Oak Knoll from 1983 - 87 as assistant chairman of Urology Department. He was in private practice prior to rejoining the Navy. (Photo by JO1 Dan Gulam)

Promotions

PO1's

ET1 John M. Pool
HM1 Vicki R. Basham
HM1 Quirino A. Dedios
HM1 Brian D. Findley
HM1 Olen B. Kitchens, III
HM1 Noel T. Manaloto
HM1 Margaret E. McHenery
PN1 Meredith L. LeRoy
PN1 Lucito G. Reyes

PO2's

HM2 Salvador D. Belisario
HM2 Agatha R. Brooks
HM2 Pamela L. Fugittetrick
HM2 Eddie L. Idlette
HM2 Melody K. Jimenez
HM2 Scott L. Radke
HM2 Charles Read
HM2 Michael K. Ruth
HM2 Timothy D. Sexton
PN2 Randolph G. Castro
PN2 Lori L. Steen
SH2 Richard Chapman
SN2 Darrin W. Hill

PO3's

HM3 Cynthia L. Allen
HM3 Steven B. Armstrong
HM3 Mario M. Balauat
HM3 Kimberly A. Bowles
HM3 Hyung Soo Chung
HM3 Cheryl A. Craig
HM3 Allan D. Dunham
HM3 Johnathan B. Fernand
HM3 Chamain M. Frampton
HM3 James R. Heizer
HM3 Ursula K. Henry
HM3 Trevor Hite
HM3 Elwood L. Johnson
HM3 Benjamin M. Jones
HM3 Laura M. Kantz
HM3 Austin Keeny
HM3 Eric C. Koch
HM3 Franklin P. Kribbs, III
HM3 Kevin L. Larsen
HM3 Kimberley M. McClellan
HM3 Rickey Owens-Smith
HM3 Richard C. Pagador
HM3 Terry W. Potts
HM3 Erwin M. Robles
HM3 Joseph D. Rulloda
HM3 Kevin Sanders
HM3 Artemio J. Santos
HM3 Jake B. Taylor
HM3 Michael A. Washington
HM3 Marcus W. Weaver
HM3 Michelle Weitekamp
HM3 William S. Wilson
HM3 Patricia S. Workman
HM3 Elpidio V. Yabes
DT3 Danilo S. Dizon
EM3 Marylene Bowman
MS3 Dennis G. Quickle
YN3 Michael A. Teppner

Credit Fact

If you believe that a credit bureau is reporting outdated negative credit information on you, you have the right to ask the bureau to investigate and remove any outdated material, according to the Bureau of Consumer Protection.



HM's at NAS Moffett Field frocked

Newly-frocked hospital corpsmen at the Branch Medical Clinic in Naval Air Station Moffett Field pose with Command Ron Bubb for a souvenir shot. Bubb is the officer-in-charge of the clinic. From left to right: Hospital Corpsman Third Class (HM3) Alicia Marton, HM3 Jennifer Johnson, the OIC, HM3 Stephanie Reynolds and HM3 Raul Ollvares.



Lichtman supports corps' birthday ball

Rear Admiral David M. Lichtman buys a \$5 civilian clothes chit from Hospital Corpsman Second Class Melody Jimenez in support of the upcoming Hospital Corps birthday ball. The chit allows military personnel at Oak Knoll to wear appropriate civilian clothes at work for a day, and make a fashion statement. This year's birthday celebration, according to Jimenez, will be bigger and much better than last year. A committee to make things happen is working hard to raise the needed money to make this year's memorable and successful. The committee aims to bring down ticket cost as well as to hire a live band; among other things. Support the committee's fund-raising events and help this year's hospital corps birthday be an affair to remember. (Photo by JO1 Dan Gulam)

Harmony

Take these wings,
And learn to fly,
To the highest mountain in the sky.

Take these eyes,
And learn to see,
All the things so dear to me.

Take this song,
And learn to sing,
Fill your voice with all the joys of spring.

Take this heart,
And set it free.

Let it fly,
Beyond the sea.

— Robert Pierce
Publication and Directives

Sports Shorts

Oak Knoll hosts Tae Kwon Do tilt



Tae Kwon Do martial artists from the Bay Area and Sacramento warm up to vie for the regional championships. Oak Knoll recently sponsored this competition. (Photo by JO1 Dan Guiam)

CPSC set billiard and volleyball schedules

MARE ISLAND NAVAL SHIPYARD, VALLEJO, CALIF. — Two Central Pacific Sport Conferences (CPSC) events are scheduled as follows:

1. The men and women 14.1 continuous pocket billiards single championships will be held February 10th in Vallejo at the Golden Q Billiards, 1457 Solano Avenue starting at 10 a.m. The tournament will be double elimination, and 50 points will constitute a game.

Each command may enter four contestants in each division of play and must forward entries and berthing requests no later than February 7th to Jim Gass, athletic director, Mare Island Naval Shipyard.

2. The men's volleyball championships will be held on March 3rd at Naval Air Sta-

tion, Alameda at 9 a.m. in the gymnasium. Eligibility for participation is limited to all officers and enlisted personnel ordered to active duty in the Navy, Coast Guard and Marine Corps within the CPSC region for a period of 90 days, for other than training purposes.

A single round robin type tournament will be in effect. A match is won by the team that first wins two out of three games. This will constitute a win or loss for the respective teams.

Each team is limited to 12 players plus coach and manager.

Commands desiring berthing arrangements should send in requests no later than February 23rd to Bill Wyant, ath-

Navy League inducts new officers

NAVAL HOSPITAL, OAKLAND — The Navy League of the United States, Oakland Council, recently inducted its new officers for this year in a ceremony held at the hospital's Consolidated Club. Paul Kent took the top post while Hadwick Thompson was installed as the executive vice president.

The position of vice presidents went to Jo Avalos, Larry Lark, Helen Cupper, Valma Eastborne, Virginia Felker-Thorpe, Russ Gorman, Joe Rodriguez and Jack Williams.

Dolly Kent was named recording secretary; Rosalie Frembling, treasurer; and Robert Ferrero, Keith Perlins, John Roveda and George Schultz, directors.

Rear Admiral David M. Lichtman, the hospital's commanding officer, sends his best wishes in behalf of the staff to the new officers and for the tremendous continued support the council has accorded to Oak Knoll.

Today the Navy League is engaged in myriad activities to serve all citizens, the community, industrial leaders and elected officials. Local Councils, such as the Oakland Chap-

ter, support the families of servicemen with legal and financial aid in times of need. Active duty spouses are encouraged to participate in Navy League activities. It also actively embraces service to the minority communities which help form the fabric of American vitality.

Although the Oakland Council contributed immensely in the support of Naval Hospital Oakland's mission over the years, it was only in September 1987 that it officially adopted the hospital. A ship's wheel clock was presented to, then, commanding officer, Captain Alice Martinson, as a token of esteem.

The Oakland Council also sponsors the hospital's "Nurses of the Year" awards and decorates the Hospital during the holiday season. It supported the USNS Mercy when she came back from a five-month humanitarian mission to the Philippines; annually paints and dyes eggs for children and staff of Pediatrics; honors the command's Sailor of the Year and provides many other related contributions.

letic director, Naval Air Station Alameda.

Three invitational volleyball league matches will be held prior to the championships starting at 9 a.m.: February 3rd at NAS Alameda; February 10th at NAS Moffett Field and February 24th at Mare Island Naval Shipyard.

Uncle Sam—from page 1

issue. Is that not the reason why we are here?"

Unlike service records, health records are irreplaceable. The Naval Military Personnel Command in Washington, D.C., does not maintain duplicate copies of your health entries — only the initial results of your physicals when you first joined the Navy. One has to start all over again to replace a missing health record, which could mean getting all the dreaded but needed shots and a host of other health tests.

"Ideally, we would like for the record to be returned shortly after the appointment is over," Washington said. "The active duty member is responsible for his/her health record when it is checked out by him/her."

Why do service members hold onto their health records?

"I think people think that their record may get lost. A small percentage of active duty personnel have had their records lost at one time or another throughout their careers. They feel this may occur again. However, I would suggest that they keep a copy of their shot card at all times," explained Washington.

"If it is up to me to keep my record, I'll keep it," said Seaman Ray Medina of the Concord, Calif.-based ammunition ship USS Flint (AE-32). "For example, during an emergency if I'm dying, and they can't find my record — I'm not gonna die for them. I'm not going to die for an irresponsible handling of my record."

Medina claimed his ship took two days searching for his lost medical record. It turned out it was in the wrong filing cabinet, under "X".

"In a way, it's much safer that my ship maintain my record," he added. "If they lost it, I wouldn't be held accountable."

"Somehow, I'd like to think my medical health record is my property because it pertains to me," said Seaman Daniel Behymer of Naval Weapons Station Concord, Calif. He was sent to the hospital for further treatment. "We can alleviate the problem by having someone who is well trained in the filing system, or someone who wouldn't take a couple of hours looking for a record."

And at Oak Knoll, Washington's staff take necessary steps to ensure service members

—Reel Business—

Everybody Wins

A call-girl with a complicated past and a private detective with a passion for justice team up to free an innocent man convicted of murdering a prominent citizen.

The convolutions of the murder case and the apparent coverup "that goes clear to the top" are made all the more labyrinthine by the enigma of the sullied heroine's character: does she really know who the murderer is? Why the murder was committed? Why there was

such a rush to judgement? Or is this all another level of her fantasy states?

Debra Winger stars as Angela Crispini who sees Tom O'Toole (Nick Nolte) on television winning big against the pompous District Attorney (Frank Converse) and decides he is the one person with the passion needed to exact justice in the case. Co-starring are Will Patton, Judith Ivey, and Jack Warden.

Chaplain's Corner

By Chaplain Wayne L. Bouck

The following poem by H. Ellsworth Bichy was written in commemoration of the first anniversary of the tragic crash of Pan Am Flight 103 over Lockerbie, Scotland.

Flight 103 pulled God's breath into
Her mighty turbines, those
Silver flying dragon. God was
Closer, closer than anyone could know.
God was 30,000 feet and in
Lockerbie
below.

God was busy in that extreme
Instant, just before the
Suitcase filled with artificial
Death roared vengeance at
30,000 feet and in
Lockerbie
below.

God brushed back the hair
Of the woman who carried her
Daughter in her warm ocean. God
Was the after shave that reminded
The stewardess of her Daddy.
God was the man's son who hugged
Him around the knees in a dream.
God was the music the soldier
Listened to on his Walkman.
God was at 30,000 feet and in
Lockerbie
below.

And at that last tick of
Their time God called each by
Name. He held their eyes to his
And they never knew the shame
Or fear of it. He took their light
To him and they never looked back.
God was at 30,000 feet and in
Lockerbie
below.

As we review the "Lockerbies" of 1989: the IOWA, the October 17 Great Quake, the Cypress structure collapse, and a host of other similar tragedies, may we be given the courage to enter the decade of the '90's with a strong faith that God is an ever present reality at all times, in all places, in all circumstances.

An Important Reminder

February is National Children's Dental Health Month. Take advantage of your Active Duty Dependents Dental Insurance Plan by making an appointment for your dependents to see the civilian dentist of your choice. Remember! Spouses and children are covered 100% for diagnostic oral examinations and dental cleanings, and 80% for certain other treatment. For further information see the Dental Department, or call toll-free 1-800-334-4162.

records are not compromised and are kept in compliance with the Privacy Act. For one, you have to present your military identification when you ask for your health record.

"By letting us keep your record," Washington stressed, "you can help the hospital provide you with the most complete record — and the best possible care."

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'Sailor of the Year'
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RED ROVER



February 16, 1990

Naval Hospital, Oakland 94627-5000

Volume 2, Number 4

NHO clarifies DoD's civilian hiring freeze

By Andree Marechal-
Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — The hiring freeze announced by the Department of Defense (DOD) applies to all civilian positions, and "right now, none of the hospital's vacant positions are exempted without going forward for a waiver," said Herb Lindemann, civilian personnel officer.

Exceptions

But, according to a message from the Chief of Navy Office of Information (CH-INFO) dated January 13th, "exceptions may be granted upon determination by the Secretary of the Navy on a position-by-position basis that filling the position is

essential to maintain an important national defense capability."

There are no such positions at the hospital, said Lindemann, "but the Assistant Secretary of the Navy (Force Management and Personnel — FM&P) may authorize hiring for positions essential to meet medical, safety and security requirements by approving waivers, and we are going for the waivers for all our positions," he continued, emphasizing that "[requests] have to go through the Bureau of Medicine and Surgery (BUMED) and the Secretary of the Navy (SECNAV) to the As-

Con't on page 2

Apartheid oppositionist speaks

Prayer breakfast observed

By JO1 Dan Guiam
Red Rover Editor

(Editor's Note: Since the hospital's observance of the National Prayer Breakfast, the government of South Africa has taken constructive measures to ease racial tension in the country. In fact, Nelson Mandela, the "legendary" apartheid oppositionist who has been kept in jail for almost three decades has been released. (Experts estimate that apartheid will end soon.)

NAVAL HOSPITAL, OAKLAND — Hospital staff members gathered February 1 in the dining hall for a prayer breakfast in conjunction with a similar observance nationwide for the purpose of bringing together the leadership of the United States, in recognition of the moral and spiritual

values upon which this country is founded.

Guest speaker for the occasion was Reverend T. Simon Farisani, a Black political prisoner from South Africa and one of the country's key figures in its fight against apartheid policy.

Revolutionary changes

"Problems facing Africa today belong to the 16th, 17th and 18th centuries," said Farisani. "The time has come to end apartheid. If people are not allowed for an evolutionary change, they resort to revolutionary changes, and this is what's happening in Africa now."

Farisani came to Oak Knoll to dramatize the racial segregation in Africa and the plight of his people as well in their fight for racial equality. He also accepted the invitation to thank

Con't on page 2

In the spotlight Branch Medical Clinic, Moffett Field

HM2 Mattheus (left) and HM3 Mickey Irwin analyze blood cells contained in the test tube. The duo work in the Laboratory Department of the Branch Medical Clinic, Moffett Field.

For more photos see pages 4 and 5.

'We're Listening'

Question: Allow Mr. Udowski, the elevator operator, to transport staff and equipment. In an emergency, when the elevator is needed, everyone could very quickly evacuate the elevator, thus allowing the emergency transport to take place. Currently he sits a great deal of the time. This appears to be a waste of manpower hours.

Jeanine Clarke
Occupational Health Office
Naval Hospital, Oakland

Answer: Your concern with utilization of the CODE 4 elevator is greatly appreciated.

Elevator #6 has been designated to transport physicians and allied health care personnel to the floor on which cardiac arrest or other medical emergencies occur. During other times the elevator is used to transport non-ambulatory patients and medical staff accompanying non-ambulatory patients. While strict application of this policy may appear wasteful of the time of the operator, Mr. Udowski, and the elevator, it is necessary to ensure that a functioning elevator is always available in the event of a medical emergency. Limiting the use of this particular elevator has had a bonus of decreasing the inoperative time of this piece of equipment compared to the maintenance records of the other elevators which are subjected to continuous heavy use. A complete upgrading of all six elevators is in the relatively immediate future and will result in a considerably more efficient transportation system. Reference (a) contains additional information concerning operating policies for the elevators in Building 500.

Again, thank you for your concern and for using the "Listening Box". If you have additional comments and/or questions regarding this matter, please contact the Head, Operating Management Department, CDR Greg Gibbons, at Ext. 35890.

RADM. D. M. Lichtman
Commanding Officer

Editor's Note: Reference (a) is Naval Hospital, Oakland, Instruction Manual, Section 11300.2C, entitled "Operation of Elevators."

Hiring freeze Continued from page 1

sistant Secretary of Defense (FM&P).

Exceptions that need no prior approval such as recruiting programs from colleges and universities and summer interns and aides "may apply

here," Lindemann concluded — adding that "the important factor to stress at the present time is that we have to obtain waivers for our positions through the chain of command."

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

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Commanding Officer RADM David M. Lichtman, MC, USN
Executive Officer CAPT Jack W. Bartlett, MSC, USN
Public Affairs Officer Diane LaMacchia
Editor JO1 Dan Gulam
Photojournalist JO2 Tami Begasse
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TQM and CAMIS available in NHO library

By Harriet Cohen
Admin. Medical Librarian

NAVAL HOSPITAL, OAKLAND — The Medical library at Naval Hospital has acquired sixteen books on Total Quality Management (TQM) and leadership. Some of the more popular titles are: "The Deming Management Method" by Mary Walton, "Out of the Crisis" by Edward Deming and "Juran on Leadership for Quality" by J.M. Juran.

The management collection has also been strengthened by the addition of nineteen books-on-tape. These audio-cassettes are publications of career track. The subjects are self-management, power communication, success strategies, productivity and excellence. The loan period for the books and tapes is three weeks.

Selected articles

A cassette player has been secured in the reading room for use in the library. A reader's file of selected articles on TQM has been set aside in the reading room. A copier is available for the reader who wishes to retain the articles.

A unit of the Computer Assisted Medical Interactive-Video System (CAMIS) has also been placed in the library. Through video disc technology, the user encounters simulations of combat, mass casualty or shipboard emergency. Using a light pen or the microcomputer keyboard, the user can record responses to questions or retrace steps through the training program.

Available programs

Programs available are:

- Basic Medical Skills for the Navy Hospital Corpsman
- A Nine-part Refresher Series on Anatomy and Physiology
- Oral Examination Assisting
- Emergency Medical Conditions
- Advanced Combat Trauma Life Support
- Mediquiz (Game show format)

Library hours

Come in and pit your knowledge against the experts.

Library hours are Monday 7:30 a.m. to 6 p.m., Tues.-Friday 7:30 a.m. to 7:30 p.m.

From the Commanding Officer RADM David M. Lichtman

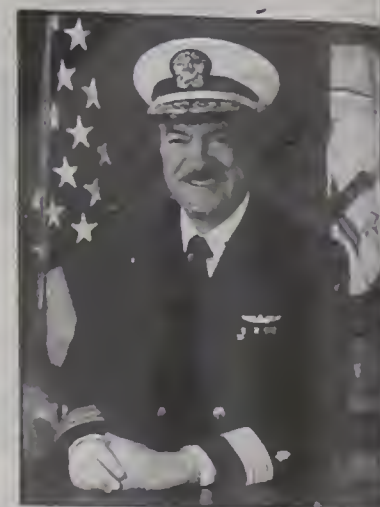
We've all been hearing a lot about base closures in recent weeks.

This list of bases — which includes Oak Knoll — is simply a **recommendation** by the Secretary of the Navy in response to a request from the Secretary of Defense. It is a recommended list of bases to study for possible closure in 1992 or beyond.

This is not a fait accompli. First there must be a study by the administration and congress. Then an economic analysis. The whole process is very political and there's really no way for us to predict what the outcome will be.

I feel confident that Oak Knoll will continue as the premier medical facility that it is.

Our commitment to our Bay Area beneficiaries will always be there, but we may have to look to civilian providers for more of our health care. I personally believe that we at Oak



Knoll have a lot to offer — to our staff, our GME trainees, and most of all to our patients. I believe we can offer our services — both health care and training — most economically in-house. But time will tell exactly what kind of provider mix we will have to work with.

In the meantime, we'll continue to keep up the excellent work and deliver the high quality care we're famous for.

Worth Repeating

"Diplomacy is utterly useless where there is no force behind it."

—Theodore Roosevelt

Prayer breakfast Continued from page 1

the American people for their generous support in getting him out of prison. He was jailed four times, tortured and dehumanized by his captors, he said, yet the strength of his faith in the Lord kept him alive.

"They wanted to destroy me physically, psychologically and spiritually," said Farisani. "However, through God's intervention and your prayers, they didn't succeed. I'm still alive."

Concluding his speech, Farisani urged staff members to

support the Black African's quest for racial equality in South Africa.

The prayer breakfast was made possible through the Chaplain's Office and Food Management Division.

Rear Admiral David M. Lichtman, the hospital's commanding officer, gave welcoming remarks while Captain Robert W. Matthias, director for pastoral care, served as the master of ceremonies.



Staff members sing a spiritual and inspiring song during the early morning breakfast. (Photo by JO1 Dan Gulam)

February 16, 1990

Branch Medical Clinic, Treasure Island honors earthquake achievers

NAVAL STATION TREASURE ISLAND, SAN FRANCISCO — The "unsung heroes" of Branch Medical Clinic Treasure Island finally had their day recently when Rear Admiral David M. Lichtman honored them with the Navy Achievement Medal for their heroic efforts during the aftermath of last fall's major Bay Area earthquake.

Lichtman, the commanding officer of Naval Hospital, Oakland, took time off from his busy schedule to personally congratulate the awardees. Captain C. Thomas Vaught, the station's skipper, was also on hand to thank the group for a job well done.

Devotion to duty

According to Lichtman the clinic's health care team demonstrated the highest order of devotion to duty in the face of disaster.

Hospital Corpsman First Class Darlene P. Hamblett's outstanding performance is a classic example of the team's ever-ready response to disasters. After the quake, she immediately activated the treatment room to receive mass casualties, provided humanitarian assistance to military and civilian personnel stranded on the base and transported patients under extremely haz-



HM2 Pamela K. Folger gets a congratulatory handshake after receiving the Navy Achievement Medal from Rear Admiral David M. Lichtman, Naval Hospital, Oakland's commanding Officer. (Photo by SN Mark Herrington)

ardous road conditions. According to her superiors, Hamblett's actions, ensured that injured military and civilian personnel were successfully evacuated to medical treatment facilities in the civilian community.

Not only did the clinic health care teams render medical services, it also conducted innumerable potable water tests due to the damaged water pipes, sewer, gas and electrical systems on the island. The laboratory team led by Ensign Corey Bain spent many long hours analyzing the water for bacterial contamination and

chlorine content, inspecting food for sanitation and toilet and quarters for habitability. The group's concerted efforts resulted in a safe and healthy environment for the Treasure Island community.

Awardees

Besides Bain and Hamblett, the Navy Achievement Medal was awarded to HMC Ovidio Piega, HM1 Jean McColley, HM1 Richard Rex, HM1 Leonardo S. Soltes, HM2 Bernie Bacud, HM2 Cecilia Fitzgerald, HM2 Pamela K. Folger, HM2 Jerrell Lewis, HM2

Francis L. McGrew, HM2 Raphael Sanchez, HM2 Tammy M. Will, HM3 Ernesto Arvizu, HM3 Yvette Bryant, HM3 Clarence Buehrle and HA Jesus M. Lucero.

The clinic civilians who helped in the recovery efforts were also honored during the brief ceremony. Lichtman re-

ferred to them as the unsung heroes in Navy medicine. Gwen Hogg, Cheryl Goins, Beth Lesley, Ashleigh Stewart and Demaris Wilson were each presented a Letter of Commendation.

Lieutenant Commander Florence Baker is the officer in charge of the clinic.



Civilian healthcare provider Cheryl Goins receives a Letter of Commendation from the Admiral. (Photo by SN Herrington)

A Dream Come True

SAN FRANCISCO MEDICAL COMMAND, OAKLAND — The San Francisco Medical Command shines again, and Lieutenant Commander David P. Bates was its star once more, when he entered a local KNBR Valentine Day radio contest.

The essay reproduced here won the prize — a champagne reception for 50 people and Valentine night in the honeymoon suite at the Grant Hyatt Regency on Union Square, in San Francisco. It goes:

"Janie and I were married in 1971 in memorable but calamitous fashion. That Day of Days was to be special — a grand event shared with family and friends. We pinched pennies for over a year in preparation. I was patrolling the Mediterranean aboard a nuclear submarine for the three months preceding the fateful day while Janie, alone, orchestrated the wedding arrangements. On the day of my return, I was stricken with a perforated appendix — the day before the wedding! Janie, in her wedding gown, quietly sobbed at my bedside where I lay naked between hospital sheets as the Navy Chaplain conducted the ceremony. Then, adding insult to injury, she was escorted to the lavish dinner reception we had saved so long for, by my Best Man! It was said our ill-started marriage would never last but we surprised everyone. Janie has followed me all over the world throughout my Navy career without complaint, and has been mother and father to our two boys during prolonged separations. She always cries at weddings but only I know those tears are in remembrance of our own disastrous wedding day. Renewing our vows in the elegance of the Hyatt Regency on Valentine's Day would create a new wedding day memory for Janie. Thank you KNBR!

David P. Bates
221 Masonic Dr.
Vallejo, CA 94591

Legal Dept. provides 'income tax' help

NAVAL HOSPITAL, OAKLAND — Income tax time is around the corner once more, and many of you may dread the task of facing those obscure IRS rules and regulations. Which form should you use: 1040? 1040A? 10040EZ? It may be all Greek to you, but the hospital's Legal Department can help, said Legalman First Class Tanya Johnson of the Judge Advocate office.

"We do not prepare the returns," stressed Johnson. "We screen the forms they fill out for accuracy and answer any questions about specific items they might have."

According to Johnson, the service is extended to both military and civilians, subject to the following priorities:

1. Active duty military and dependents.

2. Retirees and civilian personnel on space available basis.

So don't tear your hair out. If you don't know which form to use, or if you need advice about filling out the forms, call Johnson at 633-6894. She now has the California Resident and Non-Resident forms, and expects Federal and other state forms by the time you read this.

CO to address Oak Knoll civilian employees

By Sydney Santos
Civilian Personnel Department

NAVAL HOSPITAL, OAKLAND — Attention all command's civilians: Rear Admiral David M. Lichtman, Oak Knoll's commanding officer, will address topics of interest to civilian employees during an Admiral Call in the Clinical Assembly on February 23 at 2:30 p.m. Please mark your calendars and plan to attend this important call.

Other items of interest include the following:

Increase in social security tax: Employees paying

into social security, (labeled FICA on leave and earnings statements) will see an increase in the amount deducted in 1990. The rate increases from 6.06% to 6.20% of salary. Employees who pay only into FICA (usually temporary employees) will see a decrease in their net pay. Other employees (those covered by FERS or GSRS offset) will not see a decrease since their total deductions for retirement never exceed 7% of salary. The increase in the FICA will be offset for them by a decrease in their FERS or GSRS offset deductions.

Training: The following training courses will be offered during the month of March:

- Service Excellence on March 7. Open to all civilian and military employees, this eight-hour course will provide invaluable aid in improving both your customer contact and inter-personal employee relationship skills.

- Performance Management on March 21. Open to supervisors of civilian employees, this eight-hour course focuses on writing performance standards.



The Branch Medical Clinic

Branch Medical Clinic, Moffett 'Providing the most medical care to the most people'

By Commander Ron Bubb, officer in charge
BRANCH MEDICAL CLINIC, MOFFETT FIELD, CALIF. — The new year will bring many upgrades and changes to Moffett's Branch Medical Clinic, with the goal of increasing access to patient care and improving the quality of care for patients.

Our goal is to provide the most good to the most people. We are using limited assets to the most effective and efficient means possible.

At the dental clinic, a construction project is underway to redesign and refurbish the treatment rooms instead of the current open bay layout. The new design will increase patient privacy and enhance the clinic's ability to maintain infection control standards.

A new contract to provide family practitioners for patients has been in the works for two years and should be in place by this summer.

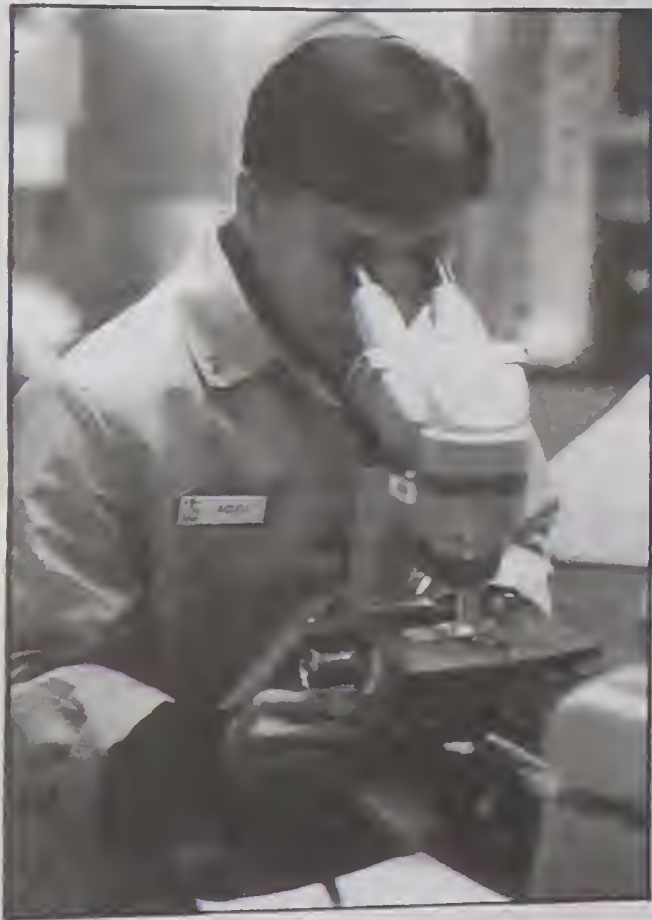
Under family practice, 3,000 families will sign up with one of several personal physicians who will be their initial point of contact with the medical system for all illnesses and inquiries. If the nature of the illness is beyond the capability of the family practitioner, he or she will refer the patient to a spe-

cialist at Naval Hospital Oakland or to an off-base medical facility.

A further advantage of the family practitioners is that they will be physically located at the base clinic. With these additional doctors, the medical will be able to provide primary care to a greater number of patients.

With the reorganization of Navy medicine, Branch Medical Clinic Moffett Field is now part of the Naval Hospital, Oakland. As such, Moffett will get more specialty care on site. Physicians, such as Ear, Nose and Throat specialists and surgeons are already coming to Moffett on a routine basis to see outpatients. This practice eliminates the need for some outpatients to travel to Oakland.

Other changes in existing conditions will increase care for patients and increase the availability of flight surgeons to the operational community. To more effectively use operational and clinic physicians, recapture CHAMPUS costs, and increase the clinic's overall productivity by 3,000 office visits per year, the clinic will revert to the previous long-standing practice of medical watch officer being on-call at home after 10:00 p.m. This en-

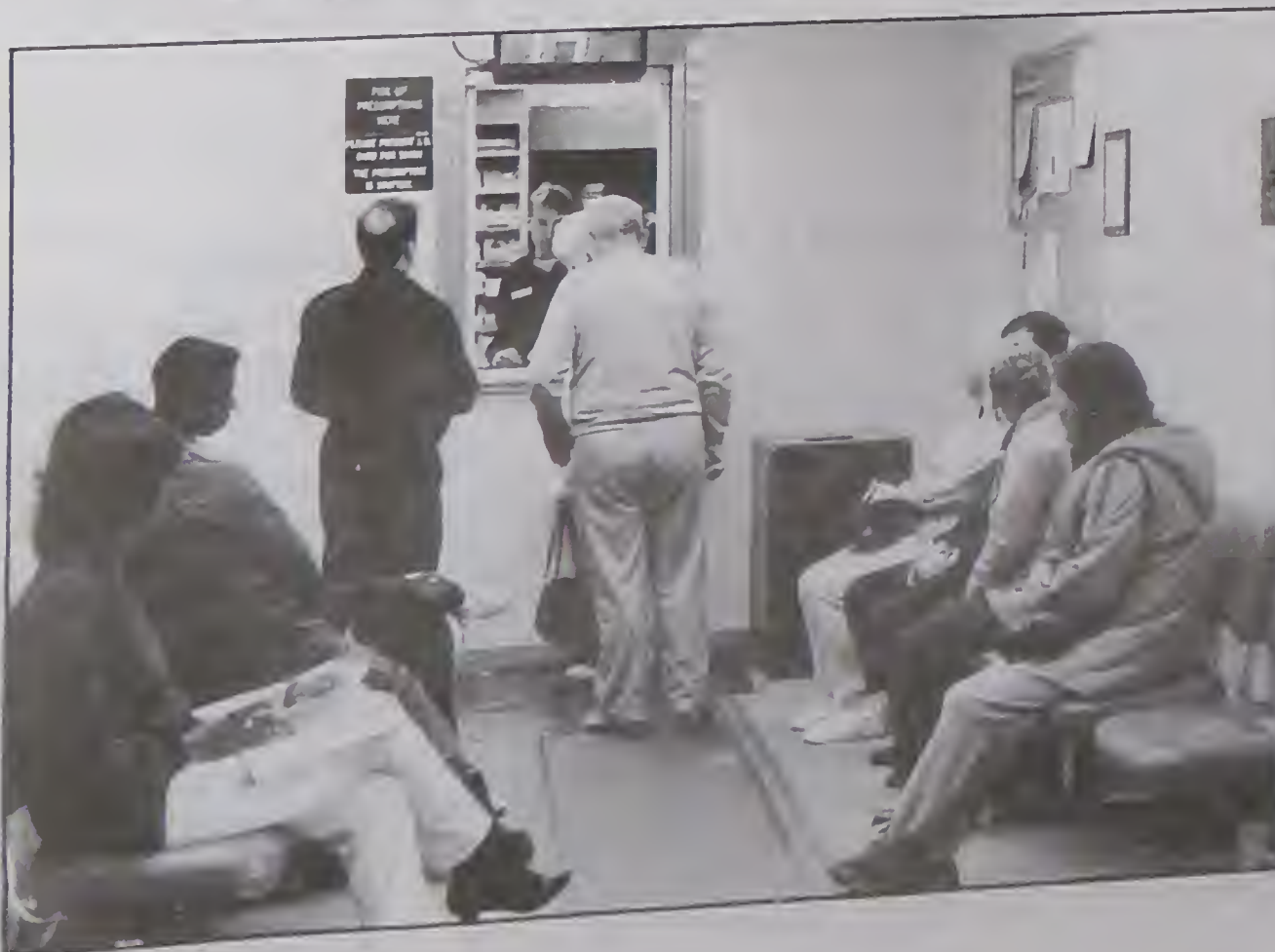


HN Leandro Aguda at work



UC Berkeley intern Anoushe Mortacabi

Below photos: Patients wait to get their prescriptions (left); egg shaped hangar bay in NAS provides a formidable sight.



February 16, 1990

Field: t good

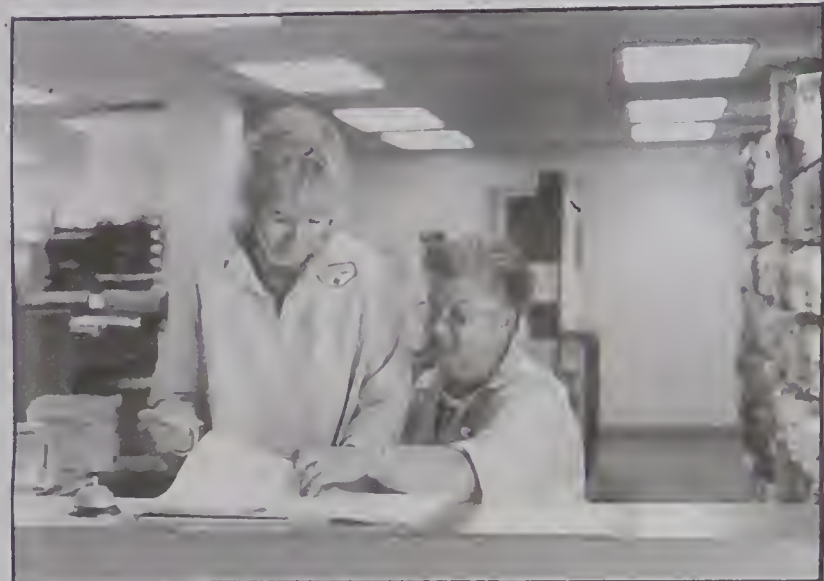
ables scheduled clinic utilization of this officer the day following duty.

The clinic continues to be staffed with an ambulance team to provide 24-hour emergency transportation seven days a week to an off-base medical treatment facility in case of emergencies. The team will be in direct contact with a physician at the appropriate medical facility. After-hours urgent medical care will still be available at Naval Hospital, Oakland and at local community hospitals.

Routine, non-emergency patient care hours will remain unchanged: Monday through Friday from 7:30 a.m. to 4 p.m. Acute care with a physician on board will be available Monday through Friday from 4 to 10 p.m. and from 7:30 a.m. to 10 p.m. on weekends.

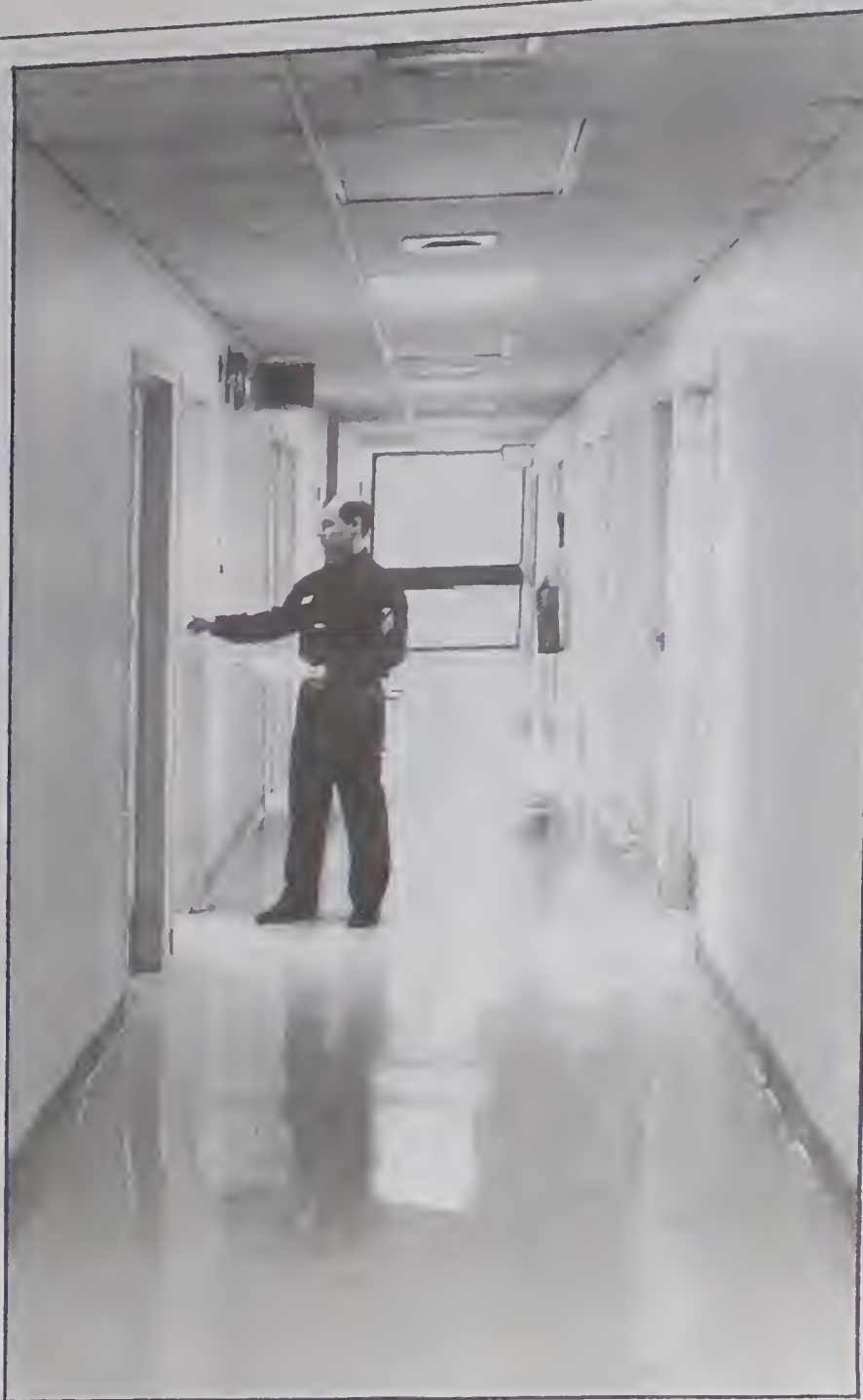
Non-emergency situations, such as colds and flu, should wait until routine patient care hours for treatment.

Initial planning stages are underway to rehabilitate the flight line clinic in Hangar Three. The project will increase the space available for patient care and administrative services.



Photos by JO1 Dan Guiam
Red Rover Editor

Clockwise: HM3 Jennifer Johnson administers blood pressure test on Janom Ramsey; HN Julio Rivera places health records on doors before consultation begins; HR James Clothier gives little Alicia Hendrix an Immunization shot; Red Cross volunteers Allison Aponte (left) and Muriel Middlestead help in the Records section.



Biggest clinic

'We have an attitude of caring and helping...'

By Diane LaMachia
Public Affairs Officer

NAVAL AIR STATION, MOFFETT FIELD, CALIF. — A steady source of patient referrals for Oak Knoll, Branch Medical Clinic Moffett Field is the biggest of the naval hospital's clinics, according to Commander Ron Bubb, officer in charge. With a staff of 74 enlisted, 15 officers and 20 civilians, the clinic, serves about 80,000 dependents and retirees and between 6 and 7,000 active duty members stationed at the approximately 30 commands located at Moffett Field. About 40 miles south of Oak Knoll, Moffett Field is the west coast home of the patrol squadron community and headquarters of commander, Patrol Wings, U.S. Pacific Fleet.

The clinic's patient mix is about 50/50, active duty to retirees and dependents. "I'm proud of the reputation we have as part of the Moffett Field team and the relationship we have with the live community here. They have been very supportive of us, and, in turn, we try to be responsive to their needs," Bubb said. Clinic staff provide about 400 flight physicians a month, to see 6,000 patients and fill 12,000 prescriptions. Much of their work centers on primary care and pediatrics. Physicians include a flight surgeon, three general medical officers and two pediatricians. Oak Knoll provides physicians for ear, nose and throat, outpatient surgery, orthopedic clinic and dermatology. Six operational flight surgeons stand duty at the clinic. "We have a health care team at Moffett Field in which the flight surgeons attached to the operational units work hand in hand with clinic staff," Bubb said. "We have an attitude of caring and working to help," Bubb added. "I think we're the best clinic in the region."

HM1 Richardson is 'Sailor of the Year'

Editor's note: In order to showcase Oak Knoll's Sailor of the Year, Red Rover staffwriter, Andree Marchal-Workman, interviewed Hospital Corpsman First Class Robert Steven Richardson, this year's award recipient. Born and raised in Columbus, Ga., Richardson joined the Navy

in 1981 as an E2 and reported to this command in 1987 as a petty officer second class, working in the X-ray department. He is now the department's leading petty officer (LPO) in charge of all enlisted personnel and some civilians. Married to the former Telina Evans, he lives in Novato, Calif., with the couple's two-year old daughter, Stephanie.

RR: What about your accomplishments in your department? What distinguished you from your colleagues?

SOY: I think everybody here is outstanding. They make me shine — the staff and their work — what they do makes me stand out. I am working with the best group of people in the Navy. Also, I get along and have good managerial skills.

RR: What is your managerial style?

SOY: I am a leader by example. I work with people assigned to me. It does not bother me to get back there and help them with the menial or more difficult tasks. I like to teach as I lead, and plus I get concerned with their personal affairs. If there's anything I can do to help them — in or outside of the Navy — I'll do my best to

lend a helping hand. I've helped people get housing on base. However, the biggest thing I've done in this department is to help everyone get their license, so we have the best trained department. I worked with everyone and helped them get their certification, so that not only can they work here at the hospital and do their job, but also, if they decide to get out of the military, they will have that benefit. The Navy forms a base to coordinate all advancements, and it's part of my job to help them get through their training. That's why a lot of them join: to go to

school and get an education. So I try to push people to get their education, do correspondence courses, get their State certification and everything they can.

Another big thing that I've done since I've been in charge is rotating our technicians — cross training the technicians in a lot of different

with the Naval School of Health Sciences, San Diego and Portsmouth.

RR: What is the most challenging aspect of your job?

SOY: Working with various types of people. You have so many people from so many different areas fused together in one area. That's a lot of different personalities to deal with. It's difficult in counseling people, and this is probably one of the toughest things I have to do. Their personal lives, their personal problems, their financial problems and trying to select the people to recommend for Sailor of the Quar-

RR: What is the best part of your job?

SOY: When I see other people satisfied — when satisfied patients come through here. I review all the patients' contact reports, and when we receive good reports and [the patients] give us good comments about the people who work for the department, I always make sure that they're aware of it. We muster every morning to go over awards and the plan of the day (POD), and I let them know whenever they get good comments from the patients. That's the most rewarding part of my job — the satisfaction to see other people



'I feel privileged because there are a lot of other well deserving people, and the competition was pretty tough.'

in 1981 as an E2 and reported to this command in 1987 as a petty officer second class, working in the X-ray department. He is now the department's leading petty officer (LPO) in charge of all enlisted personnel and some civilians. Married to the former Telina Evans, he lives in Novato, Calif., with the couple's two-year old daughter, Stephanie.

RR (Red Rover): How do you feel about being named the top performer of the hospital?

SOY (Sailor of the Year): I feel privileged because there are a lot of other well deserving people, and the competition was pretty tough.

'I am a leader by example. It does not bother me to get back there and help them with the menial or more difficult tasks. I like to teach as I lead...'

RR: Why do you think you were selected?

SOY: I think the biggest factor is the outside education and continuing my studies in correspondence courses. I believe that had the biggest effect in my being selected. I've done a lot of correspondence courses. I also got my associate degree (AA) at the University of Maryland while I was in the service. Then, I took a Japanese language course at the University of Maryland's Asian Branch in Yokusuka, Japan, so that I could become familiar with the culture over there. After that, I recently signed up at South-

ter (SOQ). I try to get involved, to work with them, to talk to them on a professional and personal basis. I try to share information with them about different programs and about retention in the Navy. I am very supportive of the Navy and think the Navy is a great life. I am a career man and I want to stay in as long as I can. I try to keep other people in the Navy, and I talk to them about the different choices before they get out because I worked on the outside before I came in the Navy. With my experience, past history, training in X-ray, I can tell them what it's like on the outside as far as the job situation and tell them how difficult it is.

RR: How did you get involved in running your shop? I understand you were a second class, and there was a first class when you reported aboard?

SOY: I wanted to do it. The first class was more interested in getting his nursing degree at the time. They gave me the choice of whether I wanted to be the administrative LPO or a technician with a specialty field. And I thought I'd be better served as an LPO, as a manager. We didn't have a chief at the time and I was the only one in charge as a second class. Then, after I became LPO as a second class, I studied for the advancement and I picked up the rate.

RR: What are some of your jobs as an LPO?

SOY: I do watch bills and room assignments, site visits to outlying clinics and counsel people whenever they're in trouble, or when they're doing a good job. I do evaluations on people. I help set up different departments that we have here. When I arrived, we didn't have a big ultra sound department. I helped set that up by getting everything organized. I got the neuro-radiologist space fixed up for the civilian contract radiologist. I am the phase II coordinator for the advanced X-ray technicians, and work very hard

outer room of heaven, he saw a similar round table surrounded by many people. In the center was a big pot of beef stew. The spoon handles were too long for human arms, but there were no cries of complaint. No one was starving. All the people were feeding each other. People really do make a difference. A concentration camp can become the scene of heroism and selfless giving. A luxurious palace can be a place of shame and cruelty. It's what the people want to make it.

Chaplain's Corner

By Father M. J. Hary

A good man died, and he was on his way to heaven. He asked his angel escort to stop by hell, just to see what he missed! They knocked at the door of Satan's palace and were allowed in for a look. There they saw people seated at a large table, around a big pot of beef stew, his favorite dish.

Although everyone had a spoon and could reach the pot, the people were starving. The spoon handles that were attached to their hands were twice as long as their arms. They could catch the stew, but they couldn't bring it to their lips. The cries of the starving were so loud he begged to be taken away.

Later, stepping into the

How often going the extra step, or offering forgiveness, or just refusing to let things go bad can change a bedlam into a haven of peace, a house into a home.

RR: Don't you think your leadership has anything to do with the success?

SOY: Yes, but I also think

Con't on page 7

February 16, 1990

Red Rover

'Black History' week slated at NHO

NAVAL HOSPITAL, OAKLAND — The Secretary of the Navy has designated the month of February as Black History Month — encouraging Navy and Marine Corps activities to conduct programs, provide exhibits, publish items of interest in command bulletins and periodicals and allow participation by personnel in appropriate observances. This observance is a tribute to the significant contributions, traditions, dedication and courage of Black Americans.

Rear Admiral David M. Lichtman, the hospital commanding officer designated February 19-24 as Black

History Week at Naval Hospital, Oakland. This year's theme, "The Father of Black History: Carter G. Woodson, A Living Legacy," will spotlight the man who, in 1926, founded Negro History Week. An official observance will be held in the Clinical Assembly at 1:30 p.m. Wednesday, February 21. Ethnic foods will be served in the main dining room from 11 a.m. to 1:30 p.m., at regular prices.

Supervisors are requested to make work schedule adjustments to afford an opportunity for their personnel to attend these observances.

'Sailor of the Year' Continued from page 6

we have a great team. Dr. (Commander) Donald W. Jensen who is our department head is one of the best people I've ever worked with. And so is Commander Kevin G. Harvey. Chief Ernest L. Colgan is one of the best chiefs in the Navy. They're not afraid to put people in for awards, they're not afraid to let people from the department stand out. We had two people out of our department who were put in for SOY, and I just happen to be one of them.

RR: What if you encounter problem sailors, how do you handle them?

SOY: First of all, I talk to them and try to find whether a personal problem exists. For example, let's take financial problems. I encounter some of those and I use outside resources such as Navy Relief and the Family Service Center in Alameda. But we try to handle it within our department first. We haven't had to put anybody on report.

RR: It's great that you have no problem in this area in your department. Still, we would like to know how you would discipline a subordinate who does not respond to your leadership efforts. What is your philosophy in this regard?

SOY: I've had people like that before, and usually, what I do is try to talk to them first. Then, if that doesn't work, I do counseling with them and file counseling forms on them. If this doesn't do it, then I turn them over to Chief Colgan for extra military instruction. And if this does not correct the problem, we send them to Captain's Mast. In other words, I believe in handling the problem at the lower level, but firmly.

RR: What about your philosophy about leadership?

SOY: I believe in the chain

of command. I believe in going through proper channels if you have problems, and trying to get things taken care of within the department. But, if you have to go outside of the department, then you have to.

RR: Can you elaborate on your idea of leadership by example?

SOY: I believe in military appearance, that you have to look sharp. We do personnel inspections, I hold them myself on the first Monday of each month. We check what they wear and the way they wear their uniform. And if I can walk out there to inspect someone, I wouldn't like it if my dress was inappropriate and I told someone else they are not dressed correctly — that they don't look sharp. Another example: if I were to go around talking badly to my superiors, then it wouldn't be right for me to talk to someone about their disrespect. I try to maintain a proper military attitude — always refer to chiefs as "Chief" [followed by a name]; when I talk to doctors, I use the proper form of address and try to be courteous at all times.

RR: In other words, you follow Navy protocol.

SOY: Yes, I follow protocol.

RR: To recapitulate your leadership philosophy, could we say that you lead by example and do all you can to help your personnel, but that you're not adverse to taking proper disciplinary action whenever indicated?

SOY: Yes.

RR: Besides leadership by example, what other techniques do you employ?

SOY: I use rewards. If I see someone who stands out, I place them in a specialty that will really help them both financially and get them ahead in the military. On the other hand, if I get someone who is not as productive as someone else, or

A Message from the Secretary of Defense**Black History Month**

I am pleased to welcome all who have joined us today to celebrate the very special contributions of Black Americans to our Nation's defense. The theme of this year's Black History Month celebration is "The Father of Black History, Carter G. Woodson: A Living Legacy."

Throughout 1990 and in the years to come, we must strive to educate the young as well as their seniors, by relating the true experiences of those Black men and women who have given and are still giving of themselves to help guarantee our continued American independence and the sustenance of freedom.

Black Americans in the Department of Defense continue to lead by example, sustaining by effort and performance the freedom and security of this Nation.

Dick Cheney
Secretary of Defense



someone who doesn't maintain a proper military appearance, or who doesn't treat people as courteously as they should — or whatever — they are the people I assign to regular work. But those who stand out do elite jobs — they get the best duties.

RR: Now that you are SOY, everyone will be looking over your shoulders so to speak. How does this make you feel? Nervous? Confident? How?

SOY: Well, yes, it makes me kind of nervous, but I believe that if I continue to do what I've been doing, I won't have any problems. I know there are people who will be watching me and, sure, it makes me want to look smart; it makes me want to do more to the point that I'll stand out more next year. And, maybe, I'll make it again next year.

RR: What do you recommend to sailors who want to advance in rank?

SOY: I think it takes a good education — to continue your education. You have to stand out above other people by example because, to me, education is what brings you up in the military. When you go up a rate, the Navy shows you how important it is by giving you extra points for advancement when you get a degree. And I think anytime you get an education, it makes you a better person. It makes you more productive and more beneficial to the command because, as you learn more, you know more. Any learning cannot be anything but beneficial to you,

even if it's the hard way.

RR: So, when are you talking about education, you are not necessarily referring to an academic education?

SOY: Right, I am not talking just about formal education. I am talking about your IV (intravenous) certification classes; your PAR (personal advancement requirements); your functional skill classes. You must also be a team member. I don't think you can remain an individual — I don't mean you have to give up your individuality — but you must be a team player. I think team work is another competency that really helps you — that makes your department work — and that's one thing we have here. But you must

also be a follower — do what you're told, and that's what I do. I stand duty as "mate of the day" at the information desk. That's a new job, but I find that I can learn from the seamen manning the quarterdeck because they work there and know things I don't. They can teach me a lot. I find that I can also learn from the new technicians. Many of them come in and do things that I can't do, and I can gain new technical expertise from them. I've sent people to LAMC (Letterman Army Medical Center) in San Francisco or to the VA (Veteran Administration) in Martinez for training, and they have improved the

Con't on page 8

— SH2 Goren promoted —

Ship's Serviceman Second Class Eric Goren is congratulated by Captain Jack W. Bartlett, the hospital's executive officer, on the occasion of his promotion to his current rank. The Huntington, New York native recently reported aboard from the Pearl Harbor, Hawaii-based destroyer USS Ingersoll (DD-990). Goren is assigned to Special Services. (Photo by JO1 Dan Gulam)

Dental Corner

The Perils of Thumbsucking

By Captain Ronald Schatz,
Dental Corps, USN

Thumb and finger sucking by infants and children has long been an area of interest and concern for both parents and dentists. But, there has never been total agreement among dentists, pediatricians and other "experts" regarding when parents should be concerned, or when measures should be taken to stop such habits.

It's often difficult to predict if and when a sucking habit will cause a child's teeth to become crooked, because that depends on the type, duration and intensity of the habit. Dentists do agree that digital sucking habits, or even the continued use of a pacifier, when permanent front teeth are in or beginning to come in will most likely cause the teeth and/or the jaws to be adversely affected.

If the habit is particularly constant or intense, it's possible that the jaws will be adversely affected be-

fore the permanent teeth come in.

Sucking habits may be normal, especially in infants, but they may also indicate that a feeding, teething or emotional problem exists that should be addressed. Often in infants, replacing the thumb or finger with a pacifier is recommended because pacifier use can usually be stopped later with less difficulty.

Although many practitioners recommend trying to stop a digital habit as soon as it starts, most also agree that in young children, unless it's obviously causing a dental problem, stopping the habit should not become a major parent/child confrontation issue. Many children will stop on their own with minimal coaxing, or for social reason when they are in pre-school or early elementary school. It may be helpful during this time period to have a dentist explain to the child why it's important to stop the habit

and if the child would like to stop, but is finding it difficult to do so, a dental appliance to help remind him/her when they are engaging in the habit might be indicated. Usually, if the child doesn't want to stop, most methods that parents or dentists try will not work. If the habit could be related to a severe emotional problem, a pediatric or psychological evaluation is indicated.

The main points with thumb or finger sucking seem to be that stopping or finding a substitute for it early is most desirable. But, should the habit continue, look for a cause and don't nag the child about it — that may only intensify the habit. With an older child who wants to stop, it may be best for the parents to ignore the habit and just let the dentist and child work together on stopping it.

Promotions

Ten-Year Length of Service
Kathryn Castleberry, OPTH
Joan Silva, CMD ED
Carrie Slater, SFMC

Thirty-Year Length of Service
Bobbye Wilson, BMC TI

Good Conduct Award (First)
YN3 John E. Breeden, MO-PLAN

Good Conduct Award (Second)
HM2 Clarissa Martinelli, PREVMED

Navy Achievement Medal
LT Francis X. McGuigan, ORTHO
HM1 Darlene P. Hamblett, RAD
HM1 Thomas F. Medina, LAB
HM1 Renato B. Ramirez, PHAR
HM2 Steven M. Hunter, FIS
HM2 Daniel T. Reyes, MO-PLAN
HM2 Samuel O. Villareal, MPWR
HN Brian A. Legg, PSCH

—Reel Business—



On her first day of work, Beth (Jessica Lange) meets musician Charles (Arliss Howard) when he helps her pick up the spilled lunch she delivered in the new comedy-drama "Men Don't Leave," a Geffen Film Company release, distributed by Warner Bros.

'Men Don't Leave'

"Men Don't Leave," a Geffen Film Company presentation of a Warner Bros. release will open at a theatre in your area Friday, February 23.

Academy Award-winner Jessica Lange stars in "Men Don't Leave," a poignant, funny and eminently human story about that most amazing and baffling of all challenges...living. Jessica Lange is surrounded in "Men

Don't Leave" by a strong cast, including Arliss Howard ("Full Metal Jacket," "Tequila Sunrise"), and Joan Cusack ("Broadcast News" and Oscar nominee for "Working Girl").

"Men Don't Leave" is directed by Paul Brickman and produced by Jon Avnet.

It is rated "PG 13" and the running time is 120 minutes.

Special Services Potpourri

Entertainment '90 books are available through the tickets/tours office. Save up to 50% at your favorite restaurants, sporting events, movies, hotels, etc.

We at MWR (Morale, Welfare and Recreation) are always trying to improve and upgrade our services to suit your needs and lifestyle. For your convenience we have modified our gymnasium rules to better support you and to also keep a vigilance on security.

You may have noticed we have some new weight equipment in the gym. We expect

new interlocking floor mats this week. Please be patient, as we strive to upgrade the gym for you.

Have you seen the special services bowling center lately? If not, you will see some nice changes. Coming soon — a TV/Beer lounge, fantastic wall murals, league bowling games, darts, air hockey and football are in the works. We exist to serve you and appreciate your patronage. If you have any questions, please call Mr. Ron Brown at 36014 or Chief Dave Sego at 34510.

The Lighter Side of Life



"Not only do I hear the ocean. I can hear a band playing 'Anchors Aweigh.'"

Sailor of the Year Continued from page 7

command's ability to function as a hospital.

RR: You mean you're not egotistical about your rank? You are not above learning from someone with a rank below you?

SOY: Yes, but there is a point where I draw the line. When I've put someone in the field and they try to monopolize — they want to do only their work and not train anyone else. If I see an individual like that, I pull him out and put someone else in his place, because that

person is not as valuable to me as someone who is willing to share information and knowledge. I have people who want to learn and do things they want to share with others, and that's neat. I'll stand by anyone who wants to go out for education; for example, IV certification classes or any other kind of class that will improve their skills — that will make them better corpsmen, better persons at the command. Because, even though you

are an X-ray technician in this department, you might not be when you are transferred to other commands. If you're on a ship, for example, you will be a corpsman and you'll have to do everything: lab work, suture — do whatever is required, and for this reason, I think it's very important they get as much experience as they can.

RR: What advice, then, would you give sailors who want to become SOQ and

SOY?

SOY: I would say, get as involved as you can in your command. I think involvement is a major part of being selected. I can't stress enough such things as continuity of education and keeping up with the Navy standards. If you're in the Navy and you want to be selected as SOY, you must abide by Navy laws and regulations.

RR: What are your immediate goals?

SOY: First, I'd like to make

chief (chief petty officer). I will take the exam in January 1991 for the first time, and I'd like to make chief the first time. I also plan to apply for the MSC (medical service corps officers) program at the end of this year and I hope to get selected. Finally, I'd like to finish my Bachelor's Degree and then a Master's degree.

RR: Finally, what about long range goals?

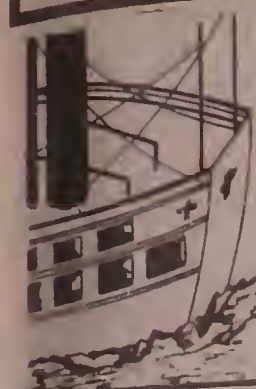
SOY: Become a high rank ing officer or a master chief of the Navy.

MCPON brings good news, Page 3

What on earth is PACU? Page 6

PRT and Your Diet
Page 7

RED ROVER



Volume 2, Number 5

Naval Hospital, Oakland 94627-5000

March 2, 1990

H2 Williams, HN Spaulding

Oak Knoll names top performers

NAVAL HOSPITAL, OAKLAND — Hospital Corpsman Second Class Charles E. Williams and Hospitalman Tina L. Spaulding were recently chosen as Oak Knoll's top enlisted performers for the fourth quarter of 1989.

Assigned to the Branch Medical Clinic on Mare Island as leading petty officer of the physical examinations department, Williams breezed his way to the top as Senior Sailor of the Quarter. The Atlanta, Ga., native beat 11 other equally outstanding contenders for his "invigorating style of leadership and superb clinical skills that have earned him the respect of his subordinates and medical officers alike." The eight-year Navy veteran's myriad of tasks in the clinic includes independently arranging for, and scheduling all physical examinations, oversees screenings and fleet support for six submarines, two ships and approximately nine tenant commands.

"He is a very conscientious hospital corpsman who firmly believes in providing the best possible services to all of his



HN Tina L. Spaulding

shipmates," said Commander James A. Wright, officer-in-charge of the branch clinic. "His flexible and cooperative attitude and talent for giving each person his utmost attention have translated into numerous comments regarding his persistence in providing quick, courteous assistance."

'JSOQ'

The Junior Sailor of the Quarter went to Spaulding, a corpsman assigned to the coronary care unit where her "maturity, resourcefulness, knowledge of rating, and willingness to assist in any ca-

Con't on page 2



HM2 Charles E. Williams



In the spotlight
NAVCARE Clinic
Oakland

A healthy child is a happy child, as reflected in this picture taken by JO2 Tami Begasse. Dr. Charles N. Reed, NAVCARE's medical director and pediatrician, ensures 1-year-old Deborah S. Williams is free from any ailments. Reed is a retired naval physician who spent 10 years of his career at Oak Knoll. See centerfold for more photos.

'We're Listening'

Question: The recent "Civilian Clothes Day" was a great idea! It improved morale tremendously. It even made people think of their jobs in the context of what their civilian peers would wear and how they would act.

I respectfully suggest a "Civilian Clothes Day" be held once a month to improve morale and in order to raise money. My only point is to "fine tune" it next time: no athletic gear/clothing, must have clean jeans (for supply and post office people), must have a shirt with a collar.

— Anonymous

The person who created the civilian clothes theme is a certifiable genius. This event not only raised a lot of money, but has significantly elevated staff morale. I hope it happens again.

— Lieutenant Alan W. Joseph, Administration

P.S. I would prefer to not receive a letter of acknowledgement from the CO. Rather, an extra special letter from the CO to the person(s) involved would be more appreciated.

Answer: Thank you for the positive feedback; everyone agrees it was a great morale booster and we plan on two more days, one in March and one in May. The purpose of the day was to raise money for the Hospital Corps Ball and it was very successful. The next civilian clothing days will have some guidelines on appropriate attire, but we expect that they will also be well received.

— Rear Admiral David M. Lichtman,
Commanding Officer

Top performers

Continued from page 1

capacity makes her a most valuable asset of the work center. The three-year Navy veteran serves as the senior corpsman, responsible for the unit's budget and ordering of daily supplies as well as open purchase items and maintenance of the space.

Lieutenant Susan L. Griffin, her division officer, has nothing but praise for the 31-year-old corpsman. "Her thoughtfulness, concern and compassion for her subordinates is tempered by fairness and an impressive military bearing," she said. "A model sailor in performance and attitude, she promotes enthu-

siasm and success by enhancing high morale within the unit."

Among Spaulding's achievements during the quarter that earned her the recognition include reorganizing the unit's supplies to accommodate the transition to a new supply system, providing frequent informal instruction on care and maintenance of intricate critical care equipment, serving as a liaison within and between departments in the hospital, providing effective directions to subordinates through timely counseling and guidance related to professional performance and military protocol.

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Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

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Commanding Officer RADM David M. Lichtman, MC, USN
Executive Officer CAPT Jack W. Bartlett, MSC, USN
Public Affairs Officer Diane LaMacchia
Editor JO1 Dan Guian
Photojournalist JO2 Tami Begasse
Editorial Assistant Andree Marechal-Workman
Staff YNSN Tom Rizzo
SN Mark Herrington

QA personnel pool efforts in naming base club

NAVAL HOSPITAL, OAKLAND—Two heads are better than one, goes the old adage. Borrowing this concept, the staff of the Quality Assurance department (QA) pooled their brains to come up with 16 entries to the hospital's "Name the Consolidated Club Contest."

"We figured out we're all team players here so if we can get our heads together, we can win the contest and have a party," said Chief Hospital Corpsman Oscar L. Balagot, leading chief, QA.

The enlisted and officer's clubs recently merged, and the management decided it should have an appropriate name. A contest is underway to name the club. Entries should be submitted to the Morale and Welfare Office no later than March 31. The winner will receive \$50 in cash.

"We are really supporting the club," Balagot said. "We want to see the club make it."

The club's consolidation was brought about largely by financial difficulties and the need to make profits, according to a club resident.

"QA patronizes the club on a regular basis," said Balagot. "We at least go there once a month for our departmental get-together. Everyone should support it. It's our club after all."

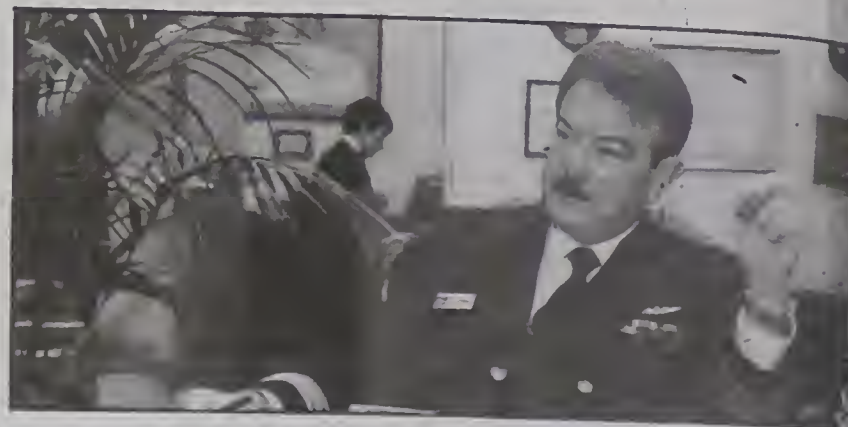
The names QA entered in the contest include: Club Ahoy, The Medevac, Mariners, Anchor's Away, The Anchor, The Crow's Nest, Ironsides, The Barnacle, The Quarterdeck, The GQ (General Quarters), LZ (Landing Zone) Oak Knoll, Fair Winds, The Dry Dock, Blue Lagoon, Sea Farer, and Chevron, Anchor & Crest.

"If we win the contest, the money will go to our welfare and recreation fund," said Balagot, "and we'll have a party."

Notable quote

"The Soviets claim that since 1985, the size of their Pacific fleet has been reduced by 55 ships. Yet our intelligence sources indicate that 57 naval units were added to their fleet since that time, including 20 of their largest and most capable warships. Our sources also indicate in the past 10 years, the actual size of the Soviet naval presence in the Pacific has increased by more than 35 percent." — ADM David E. Jeremiah, commander in chief, U.S. Pacific Fleet, *Proceedings*, April 1989.

From the Commanding Officer RADM David M. Lichtman



Everyone in this command is special, which is one of the main reasons why Naval Hospital, Oakland, has the fine reputation of being "a very special place." Together, military and civilian personnel have helped establish this eminence. While it's true that Oak Knoll is a military hospital, with military staff members outnumbering their civilian counterparts, all play an equally important role in our health care system.

Our civilian employees comprise one-third of the team, and they are very much a part of the system that enables this hospital to respond to the health care needs of our beneficiaries in a smooth and efficient manner. We are one team. We can't afford to separate the important contributions of our civilian employees from those of their military counterparts without jeopardizing our ultimate goal of delivering peerless health care to our customers.

The civilian work force plays a vital role in the operation of military institutions, with a great majority remaining in place for many years. Here at the hospital, we have a number of civilians who have spent a lifetime of dedicated service. Some of our active duty people were still toddlers, or were just contemplating joining the Navy, while certain of our civilians were already in their workplace, serving Oak Knoll proudly. Most recently, LeLand McNair, a civilian colleague of long standing, bid us farewell after 48 years of service.

Most military members don't stay very long at Oak Knoll... Active duty come and go while civilians provide us with corporate memory. Our civilians have witnessed many historical moments - from the changing of commanding officers to important medical breakthroughs, and therefore, can help us better understand our command. Only through knowledge of the past can we stimulate a vision for a better tomorrow in our continuing effort to improve our health care delivery system.

All of our employees contribute to the mission of this command, so let's continue to work in unison, maintaining a mutually cordial and professional working relationship. Civilian and military identities should not be divided. We're all here for one purpose. We're all on the same team.

Letter to the Editor

Sir:

While reading the latest edition of the Red Rover, I came across an article. The article was Branch Medical Clinic, Treasure Island honors earthquake achievers. My husband is stationed at this clinic and I am familiar with many of the staff. After the earthquake he returned to the clinic to see if his help was needed. When he came in, he took instructions from HM2 Bacud who was the COD (chief of the day). In your article you stated that HM1 Darlene Hamblett handled certain tasks that actually should be attributed to HM2 Bacud. I can say this because I was there the entire night and I know what went on. HM2 Bacud should be equally recognized. He helped us come through a difficult time. Perhaps you should check your facts before putting them in print.

Thank you for letting me sound off, and continued success to the Red Rover. Your acknowledgment to this correspondence will be greatly appreciated.

Sincerely,
Mrs. Troy Lewis
1205 F Bayside Drive
Treasure Island Quarters
San Francisco, CA 94130

Thanks for the information. We are happy to recognize HM2 Bacud's contribution during the earthquake. However, the facts in the story were directly taken from the citations provided by the clinic concerned.

— Editor

Bushey: 'It's been a good year for the Navy...'

By JO1 Dan B. Guiam
Red Rover Editor
NAVAL HOSPITAL, OAKLAND — "First of all, it's been a good year for the Navy," said Command Master Chief of the Navy Duane R. Bushey, who was greeted by the audience with a roaring laughter of disbelief with this remark. "All right, that's just to test the system... but in fact, it's been a pretty good year."

The Navy's number one enlisted man was in town recently to address the enlisted community on Navy issues and get their true concerns on matters affecting their career.



MCPON Duane R. Bushey

Bushey works directly for the Chief of Naval Operations (CNO) and represents the Navy's enlisted community in frequent discussions of enlisted issues with the Secretary of Defense (SECDEF), Secretary of the Navy (SECNAV) and in Congressional hearings. His face-to-face, heart-to-heart meeting with the hospital's enlisted staff members took place in the Clinical Assembly, with a record high attendance.

'We work for you...'

"We work for you, we represent you," he said. "Our job is to come out and let you know what's going on in the Navy and listen to what you have to say so we can go back to D.C. and tell the bigwigs there what you think and feel."

"We're just like you," he continued, comparing the master chief rank with lower pay grades. "We started right where you're at. We worked our way up and know what it's like to sleep in a 'coffin rack' (shipboard bunk). We know what it's like to move as a second class petty officer and not be able to set up a new house. We're the ones who set up meetings and say '_____' - that's not the way it works. And they look at us. They look at me and

say 'maybe he's got something to say.' That's why we're selected for the position. Our job is to represent you and that's what I'm going to try to do."

"I believe in being very honest. I'm going to tell you exactly how I see things and I want you to do the same thing for me. If I say something and you don't believe it, just raise your hands and say '_____' or BS."

Bushey then reiterated why 1989 was a banner year for the Navy despite the bad publicity it received from the media. He brought up the following points:

- Retention was at the highest level in the post-Vietnam era. Overall, the Navy retained 50 percent of its personnel, proving that people will stay if you treat them right. "You're the ones doing that," the master chief said, "because you find ways to take care of each other."

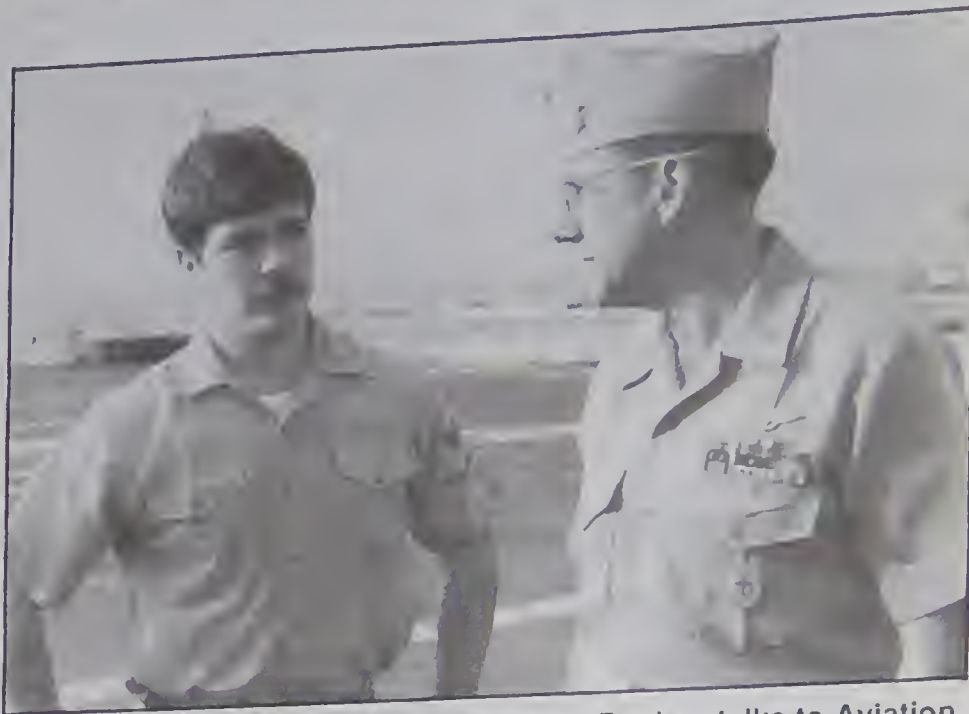
- It's been an outstanding year for safety. "In fact, it hasn't been so bad," he stressed. According to him, 1988 had the best safety record for the last ten years, but 1989 had an even better one, despite the killer turret explosion on the battleship USS Iowa — emphasizing the Navy's safety record was down on actual number of accidents, damage to equipment and actual number of safety hazards. The media, he said, made the Navy look bad by making waves bigger and tides higher than they really were.

- Promotions were the best they had been in many years.

- The Navy made 100 percent PCS (permanent change of station) moves.

- Last year was the first time in about ten years the Navy paid SRB (selective reenlistment bonus) right up to the last day of the fiscal year and paid the right level it needed to keep retention up. "SRB is law of supply and demand," Bushey said. "If we don't have enough people in a rating, we put SRB into it to entice people to reenlist, and this brings it up. For example, the reenlistment rate for store seaper (SK) is OK, so the Navy is not putting money into it. If you were a machinist mate last year, the \$30,000 SRB was increased to \$45,000, but we're not paying that much anymore. The rate is properly manned at this time."

- Pay-wise, the master chief said, "We're doing OK, I didn't say great, I said OK. Why? For example, a third class petty officer in Oakland doesn't have the same buying power as does his counterpart in Mayport, Florida. We need COLA (cost



Master Petty Officer of the Navy Duane R. Bushey talks to Aviation Boatswain's Mate (Handler) Third Class Joseph S. Bartosz aboard the floating hospital ship USNS Mercy during his recent visit to the area. (Photo by SN Mark T. Herrington)

of living allowance) in the U.S. and I'm pushing for it."

No recruiting lecture

Bushey also warned sailors to think twice if they want to get out of the Navy. He said retention is so good that it will be increasingly difficult to accept NAVETS (Navy veterans) back in once they leave.

"What I hear a lot of people saying is they're getting out because of pay and education," Bushey pointed out. "I'm tired of hearing this '_____'." Ask those who came back in and they'll give the same reason for coming back in. I don't have to give you a recruiting lecture. I don't need a career counselor to get up here and convince you. All I need are NAVETS to talk to those contemplating getting out."

Base closures

On the question of base closures, which was raised during the question and answer period, Bushey asserted it's all part of a political game. He urged sailors to just do the best job they can and let the politicians do their thing.

"It just so happens that a whole bunch of congressmen are up for reelection this year," he said. "The congressman will report to Congress and say 20,000 civilians are affected in Naval Air Station (NAS) Alameda, and I can bet you all of them are voters. If 18,000 of the jobs go away, the people affected will call their congressman and say, 'Hey dude, I voted for you.' And if he gets 18,000 letters, he's going to say, 'Wait a minute, we're not closing Alameda.' He's going to get on his campaign to open NAS Alameda. The same thing goes for the impending closure of Naval Hospital, Oakland, so don't worry about it."

Another controversial subject that didn't elude the audience's scrutiny is the

plight of foreign nationals serving in the Navy who can't become U.S. citizens - Filipinos in particular.

"Filipinos are outstanding sailors," Bushey extolled. "We get a quota of 400 of them every year. Our attrition rate on them is only 3 percent, with almost no disciplinary problems. They never go UA (unauthorized absence). They advance well. They study well. They do a good job. They can serve for 20 years, and still can't become U.S. citizens because of an existing law that was passed in 1978. They have to go back to the Philippines. We've been trying to change the law for seven years now, but it never gets anywhere. Every year it gets lost in the shuttle, but it looks like it'll go in the joint session of Congress this year, so I think we're gonna make it this year."

The bill calls for Filipinos recruited in the Philippines to serve for six years in their first enlistment and to serve for another 6 years after that, in order to qualify for U.S. citizenship.

'Be all you can be!'

When asked what advice he'd give people staying in the Navy, the master chief borrowed the Army's recruiting slogan "Be all you can be!" which simply means: do the best you can do wherever you are.

"Never worry about getting a set of orders because you think it's gonna help you get promoted. I think that's '_____'! You just do the best you can wherever you're stationed at. But fight like hell to get what you want. It makes no difference if I take you right now as a hospital corpsman and send you some place as a security guard or brig chaser. Your promotional opportunity is just as good as your counter-

Con't on page 8

PSD Oakland gets Unit Commendation



LT Barbara A. Klesk, (left) officer in charge of the personnel support detachment (PSD) at Naval Hospital, Oakland, accepts the Secretary of the Navy's Unit Commendation from CAPT Meritorious Service while maintaining exceptional customer service during its relocations to two sites between February 1988 and February 1989. Despite the hectic moves, the unit supported the pay and personal needs of 2,000 customers under undesirable conditions such as reduced manpower, inadequate utilities and a 16-mile distance between the unit and automation facilities. PSD Oakland was formerly located in the Oak Knoll compound, but due to unsafe condition of the building that housed the unit, it relocated to Treasure Island. Most recently, it moved back to Oak Knoll. The citation reads in part, "Through attention to detail from all levels of the detachment, requirements in preparation for transfers, separations, paydays, and Navy-wide advancement exam cycles were met." McAuley serves as the commanding officer of personnel support activity, San Francisco. (Photo by JO1 Dan Guiam)

NAV CARE Clinic, Oakland

A Quick and Family-oriented Service

By JO2 Tami S. Begasse

"It's more like a family hospital — always the same people, the same faces."

"It's good to have a place that I can be seen that same day."

"A first-class operation."

"Quick attention."

The above are just a few of the positive remarks patients visiting the NAVCARE Clinic in Oakland have made.

The clinic provides free primary care services to family members of active duty and to retired service members and their families faced with the rising cost of health care. At NAVCARE an average of 100 patients a day receive quick, convenient care without going to military treatment facilities where staff is already busy caring for active duty members.

To improve its already successful operation, NAVCARE has added specialized clinics with appointment hours: the Well-Child Clinic and the Women's Clinic.

The Well-Child Clinic is held every Wednesday from noon to 6 p.m. It is designed for children two-weeks- through 12-years-old. Care such as school physicals, check-ups and immunizations are handled here. In addition, an Adoles-

cent Well-Child Clinic is in the planning stages.

The Women's Clinic covers treatment and diagnostic testing such as annual papsmears, breast examinations and screening mammographies. This clinic is held every Monday and Thursday from 12:30 to 7 p.m. Contraceptive issuance and counseling is also available.

"We're looking forward to expanding both the Women's Clinic and the Well-Child Clinic due to initial success," Patricia K. Beuthin, NAVCARE's project manager, said — pointing out that the clinics are already booked solid.

One-hour turnaround

The NAVCARE Clinic has been providing patients with quick, convenient health care since July 18, 1988, and the staff members are proud of the one-hour turnaround time. This includes physician examination and any needed ancillary services such as laboratory work, x-rays and pharmaceutical needs.

Open 365 days a year, the clinic is operated by licensed and credentialed physicians, nurses and physician's assistants from the PHP Healthcare Corporation. Hours of operation are Monday through

Friday, 7 a.m. to 8 p.m. and 7 a.m. to 4 p.m. on weekends and holidays.

Family-oriented

Along with the services provided at the two specialized clinics, patients are reminded NAVCARE offers family-oriented primary care not requiring a specialist or surgery. These include care for conditions such as colds, flu, minor abrasions, simple fractures, sprains, lacerations, burns, back pains or undiagnosed complaints. Furthermore, stable uncomplicated care for conditions such as diabetes and hypertension is also available.

The clinic also provides free radiology and laboratory services, and NAVCARE-prescribed medicines are available in the clinic's in-house pharmacy.

The amount of work generated at the clinic is impressive.

The laboratory averages 2,200 tests monthly and an additional 1,000 are sent out for processing.

The pharmacy dispenses about 4,000 prescriptions a month, and radiological procedures average 1,000 a month with mammography screening accounting for about 100 of that total.

Though the statistics speak for themselves, visiting patients seem more impressed with the friendly, compassionate approach of the staff.

"We have very busy days and very slow ones. But, dealing with the patients is what I like best," said Jesse L. Hill, one of the clinic's health benefits advisor. "Talking to the patients who are feeling down seems to make them more comfortable about coming back to the NAVCARE Clinic."

Patient feedback

Patients are doing just that. Last year, the clinic cared for over 200,000 patients. Of that amount, about 50 percent were family members of active duty. About 45 percent were retired service members and their families, and active duty personnel accounted for just under five percent.

Patient feedback is highly regarded at the clinic. Patients are routinely asked to fill out a questionnaire to critique staff and facility services.

"We are constantly working on quality, both in our services and our personnel," explained Beuthin. "We're very receptive to both compliments and complaints because we use them as a basis for improvements."

As a direct result of patient

feedback, a diaper changing table will soon be installed near the clinic's waiting area. For children — more puzzles, games and cards are on the way.

Also included in quality assurance is a two-person Navy team led by Chief Warrant Officer Paul M. Saine, a physician's assistant assigned as the clinic's contracting officers technical representative, or COTAR.

"The basis of my job is to monitor contract performance and act as the liaison between the Naval Hospital [Oakland's] and the NAVCARE Clinic," Saine explained.

The Navy team conducts, at minimum, 30 monthly quality assurance checks based on the contract. These include items such as verification of patient turnaround time to checking procedures for completing laboratory requests.

DEERS

Patient questionnaires and in-house monitoring are just two of the avenues the staff at the clinic use to ensure quality health care is provided.

To receive care at NAVCARE, patients must possess a current military identification card and be enrolled in the Defense Enrollment Eligibility Reporting

(Left) Mary A. Higginbotham, a licensed registered nurse at the NAVCARE Clinic gets a medical record for a visiting patient. (Bottom) Dr. Kasturi Rajaram, M.D. (left), one of the clinic's four pediatricians, checks-up on Lindsey M. Mayfield. Lindsey is the daughter of BT2 Laurence S. and Laurie L. Mayfield.



March 2, 1990

Red Rover

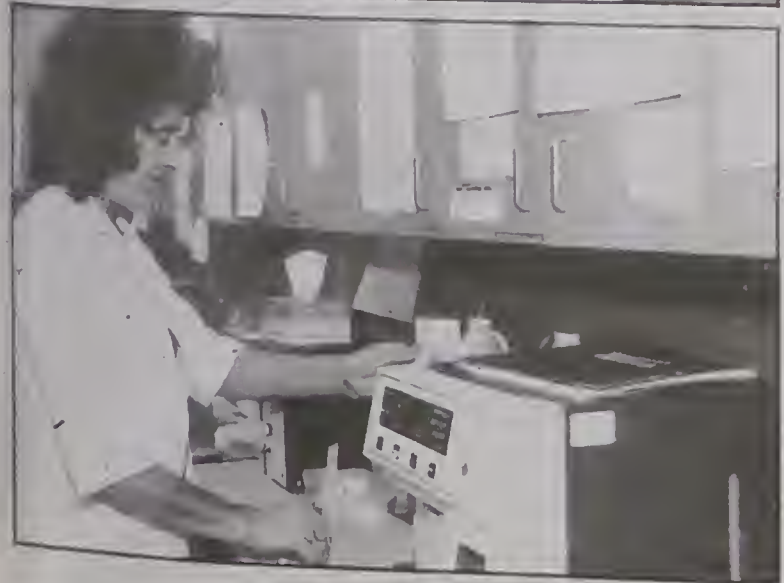


CLINIC HOURS
M-F 7AM-8PM
SAT, SUN & HOLIDAYS 7AM-4PM

A patient enters the NAVCARE Clinic located at 8450 Edes Avenue, Oakland.

System (DEERS). California residents may call 1-800-334-4162, 6 a.m. to 5 p.m. to verify enrollment. If not enrolled, active duty members may enroll their family at Naval Hospital, Oakland's, Personnel Support Detachment, (415) 633-6086.

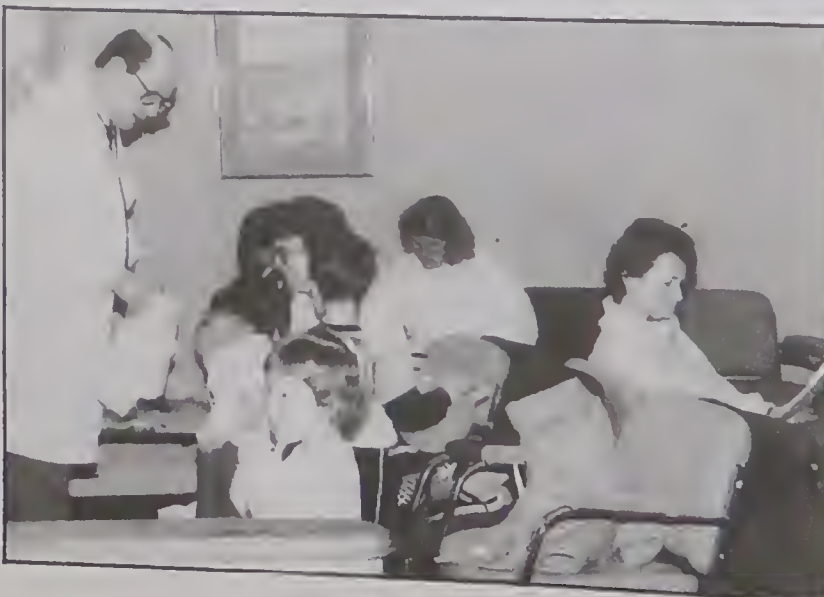
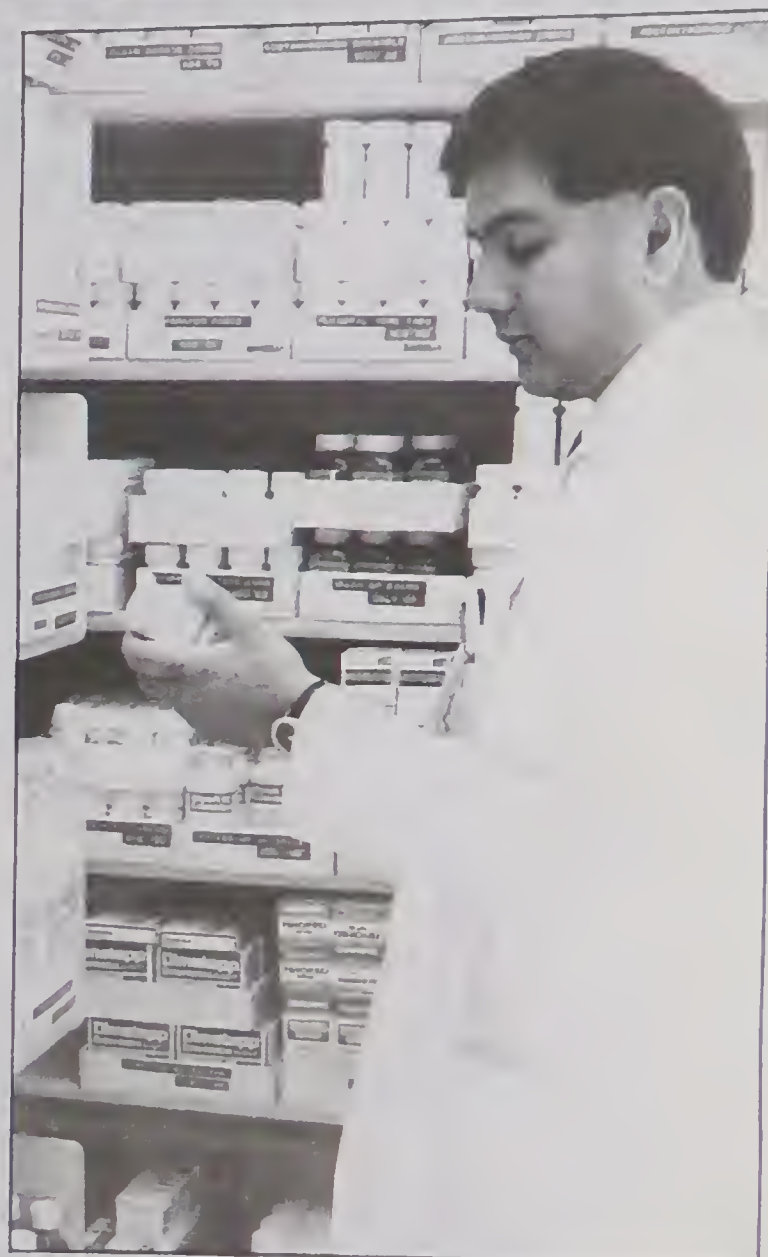
The NAVCARE Clinic is located near the Oakland Coliseum Complex at 8450 Edes Avenue, Oakland. For primary care or to make appointments at the Well-Child or Women's clinics, call (415) 632-5514. For mammography information, call (415) 632-7521.



'...dealing with the patients is what I like best...'

— Jesse L. Hill
 Benefits Advisor

(Clockwise) Registered Nurse Marites Enrico takes Sasandra R. Meguro's blood pressure; chief pharmacist Richard R. Nuñez fills a prescription for a waiting patient; Dr. Charles N. Reed (standing) hand-delivers a prescription to one of his patients in the clinic's lobby; Darlene M. Sena, a medical technologist, runs an average 2,200 diagnostic procedures in the laboratory each month. She was formerly employed at the Navy's Drug Screening Laboratory at Oak Knoll; Dr. Robert E. Anderson, M.D., one of the clinic's 12 physicians, discusses a patient referral with Jesse L. Hill, a health benefits advisor (HBA). HBAs assist in patient referrals, acting as liaisons between patients and military hospitals to ensure easy patient access.



'We are constantly working on quality, both in our services and our personnel.'

— Patricia K. Beuthin
 Project Manager

Photos
 by
 JO2 Tami S. Begasse

Post surgical patients at Oak Knoll treated with extra special care

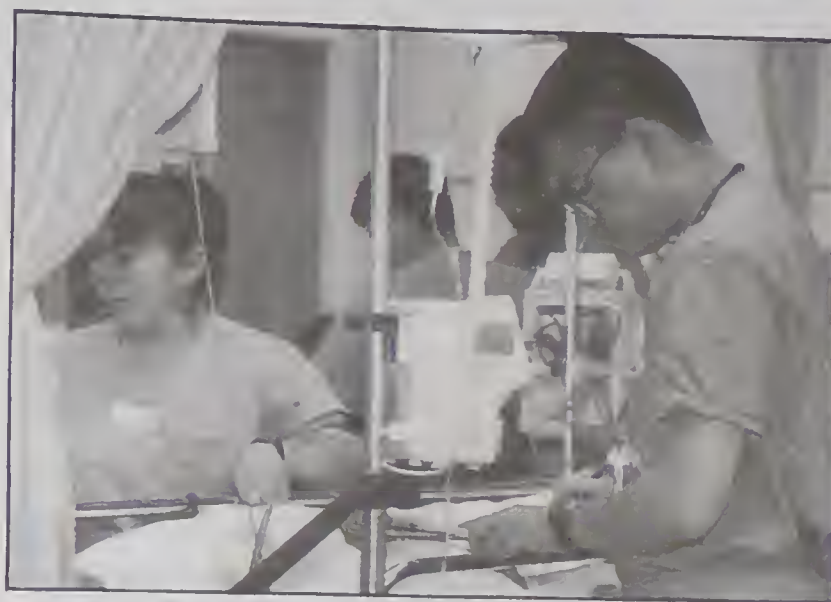
By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND—A little girl is wheeled in, disoriented and frightened, whimpering and calling for her mother. Across the room, a nurse with a stethoscope checks the heart beat of a heavily anesthetized patient hooked to user-friendly machines hanging over his bed. Doctors monitor pulses and watch for vital signs. Corpsmen surround the beds, speaking softly and reassuringly, cleaning tracheal tubes, tucking warm blankets around supine forms.

This is not a scene from a rerun of "Dr. Kildare," but the real life drama of Oak Knoll's post anesthesia care unit (PACU) — formerly known as the recovery room. And its screen writer is Lieutenant Deirdre G. Cronin, nursing division officer of the unit.

"I became interested in the American Society of Post Anesthesia Nurses (ASPAN) when I was overseas, and was attracted to their standards and approaches to critical care," she said, explaining that she brought to the unit the knowledge she'd gained from her association with ASPAN when she joined the hospital's nursing staff some six months ago.

"...This is the most important room in the hospital and the one in which the patient requires the greatest attention because it is fraught with the greatest potential dangers to the patient," she quoted from the Foreword of "Post Anesthesia Nursing Review for Certification" by Ina Pipkin, Registered Nurse, B.S. in Nursing and ASPAN's past president. "As the dangers and risks are ever present, there should be no relaxing of vigilance if one is to comply with



LTJG Jose M.L. Ubalde, (right), assisted by HA Irene Hadderton, assesses a patient's post-operative condition. Ubalde, a nurse corps officer, and Hadderton are both assigned to the hospital Post Anesthesia Recovery Room.



HN Thanh C. Phan keeps a watchful and comforting eye on a post-surgical patient in the hospital's Post Anesthesia Recovery Room.

the standard of care required in this room."

And there is no "relaxing of vigilance," at Naval Hospital, Oakland's PACU, where doctors, nurses and corpsmen are ever friendly, gracious and solicitous of the needs of their patients, no matter how busy or pressed they are in one single moment in time.

What are some of the differ-

ences between the recovery room's and PACU scenarios?

"We have people here who would normally be kept in intensive care," said Lieutenant Junior Grade Mary B. Gloeb, Nurse Corps, US Naval Reserve. "Those who need extra care; for example, monitoring for hypertension, hemorrhaging and respiratory problems. They get the same type of attention as they would in intensive care, but in a more relaxed atmosphere and on a one to one basis." Gloeb is a PACU staff nurse whom Cronin "would love to have as assistant charge nurse."

Hi-tech is another important facet of the unit: The Swan-Ganz heart monitor that provides information on heart function; the arterial lines that monitor blood pressure and the pulse oximeter and capnograph with which the critical care team keeps watch over the patients' oxygen and carbon dioxide levels, respectively.

"In fact, technology is very important to the functioning of the unit," said Gloeb, explaining that it helps staff keep



(Above photo) LTJG Mary B. Gloeb is briefed by Nurse Corps anesthetist LCDR Stephen S. Stewart on the patient's prognosis. (Bottom, right photo) HA Michael Fair receives instructions from a nurse on cleansing the patient's trachea.



Photos by
JO2 Tami S. Begasse

up with the stiff criteria for releasing the patients to the wards without compromising the all-important personal contacts.

What is the greatest challenge facing PACU critical care team?

"Utilization," Cronin said

emphatically, stressing that the unit is underutilized, with only 40-50% use in its overnight capacity. "To have everybody know our new name and that we're ready to work — that's our goal," she concluded enthusiastically.

Surgeon General says MORB for OBGYN specialists still a forefront issue

BUREAU OF NAVY MEDICINE, WASHINGTON, D.C. — In a recent message addressed to the Navy's OB/GYN specialists, Vice Admiral James A. Zimble, surgeon general and chief, Bureau of Medicine, reiterated that "adequate competitive compensation for the extraordinary performance of our OB/GYN specialists will remain a forefront issue."

"Congress recognized the importance of special pays in our retention and recruitment efforts and appropriately extended the medical officer retention bonus (MORB) authority for one year with expanded eligibility criteria," the surgeon general said. "In addition, we are grateful for the significant increases in variable special pay, additional special pay and board certified pay."

However, the MORB amounts for OB/GYN special-

ists remain lower than desired, according to Zimble.

"Although Fiscal Year (FY) 90 MORB amounts are locked to FY 89 values, I am committed to resolve this pay differential by working to elevate OB/GYN compensation to levels commensurate with their surgical specialties," said Zimble. "While early in development, resolution within FY 91 incentive special pay plan may be workable."

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Retail for \$500
Asking \$450
Lt. Joseph
633-5018



HA Teresa T. Glenn (left), and HA Irene Hadderton record patient vital signs and other pertinent Post Anesthesia Recovery Room care information on patient's charts.

March 2, 1990

People, places and events...



HM2 Diamond awarded NAM

On January 24, LCDR Laura A. Prager presented the Navy Achievement Medal (NAM) to HM2 James B. Diamond, Branch Medical Clinic, Alameda. The NAM was for Diamond's superior performance of duties while assigned as a member of the duty crew of Branch Medical Clinic, Treasure Island during the earthquake of October 17, 1989. Diamond demonstrated the highest order of devotion to duty while overcoming exasperating communication problems, activating the treatment room to receive mass casualties, providing humanitarian assistance to military and civilian personnel stranded on the base and transporting patients under extremely hazardous road conditions. His professionalism was instrumental in the overall success of the branch medical clinic in concert with Naval Station Treasure Island. (Official Navy photograph)



HM3 Hebert promoted

LT Rodney D. Linville, officer-in-charge, Naval Branch Clinic, Alameda, presents HM3 Andrea Hebert a certificate of promotion to her present rank. Hebert works in the clinic's military sickcall. The presentation was made on January 16, 1990.



Alameda corpsmen commended

On January 3, HM2 Tony A. Roberts, HM3 Javon M. DaMour and HA Nicole D. Smith were presented letters of commendations from Rear Admiral David M. Lichtman, commanding officer of Naval Hospital, Oakland, for professional achievement in the superior performance of duty while serving as emergency medical technicians/ambulance drivers immediately after the October 17th earthquake. HM2 Michele K. Lyall was also presented a letter of commendation by Lichtman for professional achievement in the superior performance of her duties during the immediate aftermath of the earthquake. While off duty and at the Navy Exchange, she proceeded to render medical care to injured patrons until the ambulance arrived and patients had been evacuated. Pictured from left to right are Roberts, DaMour, Smith and Lyall. (Official Navy photograph)

Red Rover

Adopt sensible diet plans to pass PRT

LT Gerrilynn L. Ricciardi, R.D.
Head, Clinical Nutrition
Division Food
Management

Life comes with no guarantees. But, there are a few things that are for certain...having to face the IRS each year, and eventually death. To some, these two events may seem synonymous.

If you are in the Navy, yet another event hits us twice a year, the "Physical Readiness Test," (PRT) which includes body fat measurements. Unfortunately for most, poor prior planning and less than desirable eating habits are responsible for naval personnel throwing caution to the wind and being sucked up by misleading and downright false claims for weight reduction.

If you are on the Navy's weight control program or just trying to lose a few pounds, don't be tempted by fad diets, crash diets or over the counter reducing aids. At best you will experience a temporary weight loss usually resulting in the loss of lean muscle rather than fat tissue and large amounts of water causing dehydration.

Honest look

Changing a diet that you have been eating for years isn't always as simple as it may sound. Ingrained eating habits influence just what and how much you eat to a great degree.

The first step in putting a new diet plan into action is to take a honest look at your eating habits. Also consider why you've developed these habits. Remember, the key to success with anything is replacing negative habits with positive behavior.

The main reason so many diet and exercise weight-control programs fail is that people often think of them as a temporary inconvenience; for example, a necessary evil designed to take off weight to meet body fat standards for the PRT's, or to be eligible for promotions or retention. When the diet is over, it's back to the same old eating patterns that caused all the trouble in the first place.

Basic lifestyle changes

The only way to take weight off and keep it off is to make basic lifestyle changes. The Clinical Nutrition Division of the Food Management Department at Oak Knoll Naval Hospital offers a free behavior modification program that teaches Naval personnel and their dependents to change behavior patterns and long-standing eating habits. There are approximately thirteen

different topics taught by dietitians each week ranging from a half hour to an hour.

During the first session, a calorically reduced meal plan that is low in cholesterol, saturated fat, and sodium is provided. An "exchange list" is also provided so that you can pick and choose the foods that you enjoy and meet the guidelines of your family food budget. Also, the maintenance of a food diary or record is strongly encouraged.

In order to change your eating habits you must first identify them. In other words, identify everything that goes into your mouth. This means not just at mealtime, but all the time. Soon, you will be able to detect a pattern of habits, some of which may not be very helpful in your quest for weight reduction. Once you have identified self-defeating habits that have become part of your behavior, you're well on the way to changing those habits.

So many people are caught up in the syndrome of "having to have it now!" Which unfortunately applies to weight loss as well. People forget that they

didn't gain those unwanted pounds overnight, but expect to be able to lose them overnight. A safe and effective rate of weight loss is one to two pounds per week. If you lose weight at a rate greater than that, you are losing lean muscle mass, not fat. Unfortunately, when this happens your percentage of body fat increases. So, although you may see a few pounds drop off on the scale, you will be required to lose even more weight in order to comply with Navy Weight Standards.

If you would like to get started on a safe and effective weight reduction program, taught by professionals, please see your physician to rule out any underlying medical problems. Once you have been medically cleared and have obtained a consult (SF 600) please contact the Clinical Nutrition Division at 633-5820 to schedule an appointment. The staff will be happy to help you get started on a healthy diet. Remember though, family support and personal motivation are also key ingredients to a successful weight reduction program.

Dental Corner

Free Gingival Grafts

By CDR Gregory H. Horning, DC, USN

A few weeks after having periodontal surgery, an angry patient demanded an explanation from his periodontist. Waving the bill in the air, he exclaimed "But, I thought you said this was a free gingival graft!"

Actually, free gingival grafting does not mean "free of charge." It is a specific technique commonly used to increase the amount of gingival ("gum") tissue around a tooth. It refers to removing a detached ("free") section of gingiva, usually from the hard palate, and grafting it to an area around a tooth which has insufficient gingival tissue. A few simple tests or observations can indicate the need for gingival grafting. One such test is to tug the lip out away from the tooth. If the tissue around the neck of the tooth pulls away significantly, leaving a gap, it can be a situation leading to bacterial accumulation, gingival inflammation, and further recession. Left untreated, the recession may march completely through the gingiva into the flexible mucosa. At this point the rate of recession accelerates, and may actually lead to extraction. Performing a gingival graft early enough can stop recession from becoming worse and provide for a healthy, maintainable gingival attachment.

Not every tooth with recession requires gingival grafting; most people (64%) have at least one area of recession, but very few would benefit significantly by grafting. Mild recession occurring due to vigorous toothbrushing back and forth is best either left alone, or, if the areas are very sensitive to cold, treated with desensitizing agents such as calcium oxalate. In fact, mild recession is often viewed as a good sign, because it indicates at least some effort to brush off bacterial deposits daily.

Is gingival grafting painful? Generally, the sorest area afterward is the palate from which the tissue was obtained. This area may feel like it has been burned by hot food ("pizza burn") for several days. Otherwise, it is usually quite comfortable.

If you have an area you feel may need grafting, see your dentist. Free gingival grafting is only one of several techniques to cover up denuded tooth root surfaces, eliminate high lip attachments, or otherwise increase the amount of protective gingival tissue around the teeth.

Drug-free Workplace Program

By Herb Lindemann
Civilian Personnel Officer

NAVAL HOSPITAL, OAKLAND — When he signed Executive Order 12564 on September 15, 1986, the President required that all federal agencies implement a program to achieve a drug-free workplace. The following explains how the Navy DFWP plans to reach this goal for civilian employees.

What are the different types of drug testing that Department of the Navy will be conducting?

Random Testing: Unannounced testing of employees in positions identified as "testing designated positions" (TDPs). (The identification of TDPs is discussed in a subsequent issue of *Red Rover*.) Selection of individuals who occupy TDPs for testing is made on a random basis without prior announcement.

Applicant testing: Testing required of all individuals tentatively selected for employment in a TDP within the Department of the Navy. Individuals who use illegal drugs will be screened out during the initial employment process before being placed on he employment rolls. Applicant testing will include current Department of the Navy employees who apply for a TDP.

Accident or unsafe practice testing: Authorized test of any employee involved in an on-the-job accident, or who engages in unsafe, on duty, job-related activity. For example, an accident which results in

death or personal injury and/or damage to Government or private property. Before a test is conducted based on an accident or unsafe practice, it must be approved by at least a second level supervisor.

Reasonable suspicion testing: Testing conducted when management has reason to believe that an employee may be using illegal drugs. The suspicion must be based on specific objective facts and reasonable inferences drawn from these facts, and must be documented. Approval for such testing must be received from a higher level supervisor. Reasonable suspicion testing could be based on such factors as observed drug use or possession, physical evidence of an employee being under the influence of drugs, or evidence of tampering with a drug test urine sample.

Voluntary testing: Testing of employees who are not in, but who volunteer for unannounced random testing. Further information on voluntary testing is available from your activity Drug Program Coordinator.

Following-up testing: Testing of employees who undergo a counseling or rehabilitation program for illegal drug use through the civilian employee assistance program. These employees are subject to unannounced testing following completion of such a program for a period of one year.

Top performers

Con't from page 2

The other nominees were:

Seniors:

HM1 Darlene P. Hamblett, Radiology Dept., NHO
HM1 Marty A. Manalastas, Pharmacy Dept., NHO
HM2 Renee L. Canlas, Br. Clinic, Moffett
MS2 Bruce D. Hardy, Food Management, NHO
HM2 Oscar, NMN Jimenez, Dermatology Dept. NHO
HM2 Leander O. Shabazz, Neurology Dept., NHO
HM3 Ernesto NMN Arvizu, Br. Clinic, Treasure Isl.
HM3 Christopher NMN Diggs, Br. Clinic, Mare Island
HM3 Patrick NMN Guida, E.R. PCC, PEDS/MAT child
HM3 Wesley H. Nakama, Pharmacy Dept., NHO
HM3 Timothy D. Sexton, Operating Room, NHO

Juniors:

HN Sarah C. Harper, Radiology Dept., NHO
SN Mario A. Canton, Police Services, NHO
MSSN Francisco E. Marigundon, Food Management, NHO

CDR Hicks retires



CDR Shirlee C. Hicks, NC, bids farewell after completing 27 years of service. Her final active duty assignment as Academic Director, Naval School of Health Sciences, San Diego Detachment, Oakland, began Oct. 1, 1988. Hicks was commissioned in the U.S. Naval Reserve in 1963. (Photo by JO2 T.S. Begasse)



'SOY'

Richardson honored at testimonial luncheon

(Top photo) Master Chief Petty Officer of the Navy Duane Bushey (right) honored Hospital Corpsman First Class Robert S. Richardson as Naval Hospital, Oakland's "Sailor of the Year" at a recent luncheon held in the consolidated club. Also present during the testimonial gathering were the Navy League, Oakland Chapter, which awarded the recipient with a wooden plaque, \$100 check, and two basketball tickets for a Warrior game; National University which awarded Richardson a year scholarship to the school; Oakland Chamber of Commerce; Non-Commissioned Officers Association and Oak Knoll's Chief Petty Officer Association. (Below photo) The "Sailor of the Year" with his wife, Telina, Rear Admiral David M. Lichtman (carrying the awardee's daughter Stephanie), Commander Donald W. Jensen (left), head of Radiology Department, and Chief Hospital Corpsman Ernest L. Colgan, leading chief, Radiology Department. (Photos by JO1 Dan Guiam)

Morale, Welfare and Recreation News

By Albert Y. Marumoto,
Director, Morale, Welfare and Recreation

NAVAL HOSPITAL, OAKLAND — The following information is of interest to command patrons.

• Bowling Center: A new atmosphere is evolving at the bowling center. There are plenty of activities for the whole family! Come down and enjoy!

• Recreation Center: Consult your recreation department for information on all the latest events and bargains.

• Tickets/Tours: We need your input on what type of tours you would like to participate in! Please contact us at 633-6016, and give us your opinions.

• Great America will be opening its season on March 10th. You can save \$5.00 or more by purchasing your tickets at Tickets/Tours. Civilian staff are included in all discounts.

• 1990 sport fishing licenses

are available here from \$21.00 each, and striped bass stamps are \$3.50 each.

• AC Transit monthly passes can also be purchased here at \$30.00 for adults and \$16.00 for youths. Senior citizen and disabled passes are also available.

Tickets/Tours is located in Bldg. 38, second deck, above the Navy Exchange.

• Gymnasium: Physical Readiness Test time is around the corner, so don't wait to get in shape with our new equipment. Come down and check it out! Also, Aerobics and Tae Kwon Do lessons are available! Contact the gym at 633-4509 for more information. If you are looking for information regarding participation in a particular sport, call Ron Brown at 633-6450.

Consolidated Club News: "Name Your Base Club" contest, is in process with \$50.00 in store for the winner. Entries

should be submitted to the club no later than March 31st, with the following information: name, rate, work space, work phone and your proposed name for the club. Winner will be announced throughout the base.

Hours of Operation:
All Hands Luncheon:
Monday through Friday: 11 a.m. to 1:30 p.m.

EM Club Galleon Dinner Bar Service:

Monday through Wednesday 5 p.m. to 10 p.m.

Thursday 5 to 11 p.m.
Sunday 10 a.m. to 4 p.m.

Bar open:
Monday through Friday 3:30 p.m.

D.J. every Friday and Saturday starting at 7 p.m.

Complimentary finger foods served at 5 p.m. every Friday during Officers Happy Hour.

If you have any additional questions, contact Special Services at 633-6016.

'It's been a good year for the Navy...' Continued from page 3

parts' working in their rate. I'm a good example. I've got 26 years in the Navy now. I was a student for the first three years of my Navy career. I've never worked much in my rate but it didn't hurt my promotion. I

studied hard because I wasn't working in my rate. The whole way to advancement is to hit the books. I found out that people not working in their rate will study hard and do better on the test."

In closing, Bushey reiterated how proud he is of the hospital corpsmen.

"Keep up the good work," he said. "The medical department has taken a lot of heat and it's not your fault."



COUPON FREE "E" BURGER WITH FRIES

Purchase one "E" Burger and get one free.
Coupon not good with any other offer.
One coupon per person.

Offer good at enlisted club, Monday-Thursday, 1700-2200
in Galleon Room, Naval Hospital, Oakland California.

OFFER EXPIRES MARCH 29, 1990



RED ROVER



Volume 2, Number 6

Naval Hospital, Oakland 94627-5000

March 16, 1990



Masked and gowned, NSHS no. 1 instructor, HM1 Jeffrey Travers, gives directions to his students in the OR school's training room. (Photo by SN Mark Herrington; Inset by JO2 Tami S. Begasse)

HM2 Nicholas first Navy allergy immunology technician

By JO1 Dan B. Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — Hospital Corpsman 2nd Class Dionysios A. Nicholas became the first Navy corpsman to graduate from the Allergy Immunology Training course supervised by the Academy of Health Sciences, Fort Sam Houston, Texas.

The leading petty officer of the hospital's Surgery, Cardiology and Immunization Clinics attended the course last fall at the Walter Reed Army Hospital in Washington, D.C. The course is designed to provide basic education about allergy, allergic reactions, skin testing, immunotherapy, allergy panel, nasal smear and related fields. It is also aimed

at teaching the technicians both the proper technical administration of immunotherapy and immunization to patients with allergies and proper techniques in the preparation and administration of vaccines.

"I feel proud," said Nicholas, "not for my own personal gain but at the thought that I'll be instrumental in the hospital to set up a similar course for our outlying clinics. That's a big challenge."

The Navy doesn't have a comparable program yet and is currently in the process of establishing a Navy Enlisted Classification Code (NEC) for hospital corpsmen attending the "C" school at Walter Reed

See page 8

'C' Schools, San Diego Det.

HM1 Travers selected 'Instructor of the Year'

By Andree Marechal
Workman
Red Rover Staffwriter

NAVAL SCHOOL OF HEALTH SCIENCES, SAN DIEGO DETACHMENT, OAKLAND — The wistful expression on Hospital Corpsman 1st Class Jeffrey Travers' face brightened when asked how he felt about being selected Instructor of the Year for 1989.

"I am very proud," he said with a smile. "I think it is a privilege to be recognized in this way when we have such high-caliber people at the detachment."

Contributions

Travers, who has been teaching operating room techniques since 1987 when he was detailed from Naval Hospital Bremerton to the Naval School of Health Sciences, San Diego Detachment (NSHS), Oakland, was selected by a service record review board who examined the faculty's achievements throughout the year in terms of their contributions to the command mission.

"We reviewed the files of the different instructors (in the operating room school), and we picked (Travers) out of eight or nine candidates," said Lieutenant Commander Nancy O. Lindstrom, Nurse Corps, head of the operating room (OR) technical school. "His record was outstanding here and throughout his career. He's so articulate, knowledgeable, outgoing, so aware of everything, that he set a standard of excellence for both military and professional performance."

A "true Navy brat," the gregarious 27-year-old native of Long Beach, Calif., (via Honolulu where he was born during one of his father's tours of

duty) is a very popular instructor who makes his lectures "very personal" by introducing real life experiences into them, Travers said.

His aptitude for teaching "probably began when (he) became involved with public speaking in high school," he said, explaining that he likes to make his classes pertinent to his students, "applying experiences they (or he) might have had to the subjects he teaches" — among others, Introduction to OR, Sterilization, Anatomy, Physiology and Navy Rights and Responsibility.

But teaching is only one of the factors who earned him the Instructor of the Year award. In fact, he distinguished himself in so many ways since he joined the Navy in 1980 that it was really a no-contest situation, explained Lindstrom — adding that one of his most significant

achievements was completing the school's new curriculum manual in record time.

"We worked together," Lindstrom said. "We reviewed all the curricula given to us, all the exams and set our own class schedules." And, added Travers, "Commander Lindstrom and I completed it by the goal date of November 27 — less than three months after she reported aboard. I think this probably had a great deal to do with the selection."

Instructor excellence

According to Lindstrom, the list of Travers' achievements is remarkable. For example, in 1987, while training at Naval Air Technical Command in Bangor, Wash., he received the William D. Flordstedt Award for Instructor Excellence; then, the Navy Achievement Medal after he joined

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NHO to honor women

Since 1987, the month of March has been designated Women's History Month, and is dedicated to recognizing contributions of women to American culture. This year's theme is "Courageous Voices

Echoing in our Lives."

On March 20, Naval Hospital, Oakland, will celebrate the occasion with a program in the clinical assembly from 11:00 a.m. to 12 p.m., when California's secretary of State Dr. March Fong Eu will be guest speaker.

Eu was elected to the State Assembly in 1966, representing Oakland and Castro Valley. After serving four terms in the legislature, she was elected secretary of state in 1974, leading all statewide constitutional office candidates with the highest number of voters. In 1978, 1982 and again in 1986, with ever-increasing margins, almost five million voters re-elected Eu.



Dr. March Fong Eu

See page 2

'We're Listening'

Question: The change machines in the hospital snack bar are constantly broken. Can they be repaired and kept working?

— Anonymous

Answer: The Navy Exchange has taken action to improve conditions outlined in your Listening Box comments. These efforts which include taking over dollar bill changer service and daily management attention to both the change machines and the other vending machines located in the snack bar should improve the service. Efforts have also begun to improve the appearance of the snack bar to more truly reflect our "Special Place" theme. The Navy Exchange appreciates your comments and, as the branch exchange manager pointed out in the telephone conversation with you, don't hesitate to contact him personally if you notice any future problems.

Thank you for your comments.

— Rear Admiral David M. Lichtman
Commanding Officer

Health care consumers' council scheduled to meet March 28

NAVAL HOSPITAL, OAKLAND — Naval Hospital, Oakland, will host a Health Care Consumers' Council meeting for all local ashore/afloat commands, service organizations, wives clubs, and command ombudsmen. The meeting will convene on Wednesday, March 28 at 1:30 p.m., in the Clinical Assembly room, third floor of the main hospital. The purpose of the Council is to provide a forum for naval hospital representatives to explain policies, changes in

regulations and service availability to various consumer representatives on the Council. It also gives consumers an opportunity to present their comments, questions and suggestions concerning the receipt of health care. Anyone desiring to bring appropriate matters relating to policies and/or operation of the naval hospital from the Council should contact the representatives from their respective commands.

Women Continued from page 1

Eu's professional experience includes: chairman, Division of Dental Hygiene, University of California Medical Center, San Francisco; supervisor of Dental Health Education, Alameda County schools; lecturer, Health Education, Mills College, Oakland. She is a member and area representative in education of the American Association of Uni-

versity Women; California Federation of Business and Professional Women; National Women's Political Caucus and is a life member of the Navy League. She received numerous awards and was recently named by Ladies' Home Journal as one of "America's 100 Most Important Women."

All hands are encouraged to attend this awareness session.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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'Quality of life' compensation program set

By Master Chief Petty Officer of the Navy
AVCM(AW) Duane R. Bushey

WASHINGTON (NES) — Congress recently authorized several new compensation programs that will greatly benefit enlisted sailors in a number of areas. Most of the new authorizations deal with pay and allowances, but some will improve morale, bring our families closer and potentially provide us with more medical care.

The authorizations are:

- An increase in selective reenlistment bonuses for Fiscal Year (FY) 90, giving the Navy the power to increase the benefit from \$35,000 to \$45,000. The increase, however, may not be necessary because of our high retention figures.

Fleet pay

- Reservists drilling on ships will now receive Fleet Pay, which is an additional \$10 per drill period.

- Sailors assigned in new construction vessels will be provided round-trip transportation or reimbursement of funds for the use of a privately owned vehicle from the shipyard to their residence once every 60 days. The option also exists for dependents to travel to the area of construction instead of the service member traveling to the residence.

- Dependents of members serving in Alaska or Hawaii, who are enrolled in a Continental U.S. college or university will be provided roundtrip transportation once annually to visit their parents.

- Members going to temporary additional duty will now be reimbursed for parking fees and tolls in addition to mileage when using privately owned vehicles.

- Sailors executing a permanent change of station are now entitled to a dislocation allowance equal to two months bachelor's allowance for quarters, retroactive to Oct. 1, 1989.

Special pay

One benefit will be indirectly noticed. Our commissioned health care providers will see increases in special pay, bonuses and incentive pay. While these authorizations won't directly affect all military members, they will improve our medical care by taking care of our medical people.

From the Commanding Officer RADM David M. Lichtman



Early in May, we're looking forward to the visit of some very distinguished people from Chicago — the Joint Commission for the Accreditation of Healthcare Organizations (JCAH) surveyors.

This team — which includes physicians, nurses and administrative people — is going to look over our organization from head to toe. Then they're going to issue us a command report-card, the purpose of which is to assure our civilian and military counterparts that we meet or exceed national hospital standards.

Working toward the JCAH review is an ongoing process. We have all been involved in it in one way or another for the past year; now we're in the process of putting the finishing touches on an already very high quality product.

We have a great team, and preparation for the JCAH survey is a team effort. All of our departments are involved in this process, just as all of our dependents will feel proud as a result of our accreditation.

Everyone in the hospital is involved in the survey process. The JCAH team will touch on everything we do, not just the clinical areas, not just quality assurance. So I want everyone to be aware of the final preparations for this survey.

First there will be a meeting with key personnel on March 26, and then two more before the actual visit. About 150 participants including directors, assistant directors and department heads will attend.

Many of you in key roles will receive a list of specific taskings when the JCAH team visits May 2-4.

These taskings may include escorting the team on a tour of your area, providing a list of personnel who must be available or providing certain documents to show the team members.

Let's put our best foot forward. Undergoing this survey should be a time of pride for us in our hospital and our co-workers; we've worked hard and now we have the opportunity to show ourselves off as the top notch institution we are. We look good, we feel good and we are good!

Erratum

In the March 2nd edition of the *Red Rover*, we ran a photograph and cutline depicting Personnel Support Activity (PSD)'s officer in charge accepting a unit citation from the Secretary of the Navy. Along with some text, the name of PSD's commanding officer, Captain Janet A. McAuley was inadvertently omitted in the cutline.

The omission occurs on page 3, at the beginning of the 4th line, where the following should be inserted: "... (CAPT) Janet A. McAuley. The detachment was commended for its... (meritorious service, etc.)

Congress will soon be considering the following compensation item of interest for FY91:

- Travel allowance directed for overnight duty.

For FY92, the Congress will consider the following:

- Sea pay for overseas homeported tenders.

- Naval aviation cadet pay raise from the E-1 to E-4 level.

- Emergency travel for service members and dependents when assigned overseas.

- Variable housing allowance for certain members on sea duty.

- Selective reenlistment bonuses (SRB) for training and administration of the Reserves.

- Motor vehicle storage for those assigned overseas.

March 16, 1990

Red Rover

Phase 1 of 'P-122' in full swing

By JO2 T. S. Begasse
Red Rover Photojournalist

Naval Hospital, Oakland's two-year fire and life-safety modification project, called P-122, entered its first phase of actual construction on February 16.

Phase I construction involves the patient records area near the outpatient clinic on the hospital's 2nd floor, south and west wings of the 5th floor and the north and west surgical wards.

Temporary inconveniences

As a result of the construction, the outpatient clinic entrance is temporarily closed. Able patients are encouraged to use the hospital main lobby entrance. Handicapped and elderly patients may enter through the hospital's emergency room. To avoid the construction at the patient records area, the elevators located near the outpatient clinic bypass the second floor.

Navy Lieutenant John J. Nesius, civil engineer corps

(CEC), the new medical construction liaison officer, points out that the inconveniences caused by Phase I construction are only temporary, and the outpatient clinic will reopen by the end of May, the end of Phase I construction.

"When inconveniences occur, cooperation from both staff members and patients is greatly appreciated," said Nesius. "In the end, this cooperation will result in a better, safer hospital."

The specific renovations to the patients records area include carpet and fire main replacement, the installation of new ductwork, replacement of lighting, the construction of new admission booths, a records window and a counter and the expansion of the area as a whole.

On the hospital's 5th floor, south and west wings, carpets will be replaced, new automatic sprinklers and a fire main will be installed, some light fixtures and call stations will be replaced and a new collection agent office will be built.

For surgical wards north and south, renovation includes limited carpet replacement and the installation of automatic sprinklers and a fire main.

Nine phases

Although inconveniences are unavoidable during a project of this size, the renovations are designed to have a minimal impact on patients and staff. For that reason, the project consists of nine small phases combined in one — each phase including an initial departmental moving schedule, followed by construction site preparations and actual construction. Actual construction for each phase will take about two and a half months to complete. About two or three weeks before each phase of construction ends, the next phase departmental moves begin.

The end result of this two-year renovation will be a safer, more attractive and efficient medical treatment facility.

From the Command Master Chief HMCM Michael Stewart

I am often asked questions concerning uniform regulations and what is and what isn't allowable. Here are some of the most frequently asked ones:

Q. When are we shifting to the summer uniform?

A. The uniform shift will officially take place May 6.

Q. Can the blue wind-breaker jacket be worn with my dress blues?

A. No. The only garments authorized with service dress blue jumpers are raincoats and peacoats.

Q. Can women wear the men's undershirt with their uniform?

A. Crew neck undershirts must be worn with dungarees.

Q. Can E-6 and below wear a white scarf?

A. Yes. A plain white scarf can be worn under a peacoat or raincoat.

Q. I am a female and want to know how long my fingernails can be?

A. Fingernails cannot be longer than 1/4 inch from the finger tip and your nail polish must be of a soft shade and complimentary to your skin tone.

Q. I am an E4 male and want to know if I can wear a necklace.

A. Yes. While in uniform only one necklace may be worn, but it shall not be visible regardless of your rank.



Q. What is the correct way to wear pewter collar devices?

A. They shall be worn by all E4-E6s on raincoats and wind-breakers. They are to be worn on the collar points centered one inch from the front and lower edges of the collar and vertical axis of the insignia, along an imaginary line bisecting the angle of the collar points. Eagles shall be facing inboard.

Q. Are collar devices required to be worn on my smock?

A. YES. The pewter medical caduceus shall be worn on the left collar, with the rank on the right collar. (E1-E6). Name tags shall be worn over the right front pocket.

In a future issue I will publish another collection of questions. If you have one you would like to see in print give me a call.

Naval Hospital, Oakland's celebration of 'Black History Month' a success

By JO1 Dan Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — "The reason that society is in a state of turmoil is because men know so very

presence."

McNight, who took a break from his busy schedule as pastor of the Rock of Truth Baptist Church in Oakland, came to Oak Knoll to serve as guest speaker for the program honoring Carter G. Woodson, the father of Black history. The theme for this year's celebration was focused on this miner and school teacher whose Negro History Week evolved into Black History Month, on America's 200th birthday, in 1976.

"It is difficult to learn something that you know nothing about," said McNight. "Consequently if African Americans desire to be treated equally,

desire to be loved by others, the first thing they must do is to learn to love themselves. If you know nothing about yourself, you don't know why you should love yourself.

"And one of the subjects that is lacking and you will find conspicuously absent from all public school curricula, with the exception of one, is the curriculum dealing with the history and culture of the African American people," he continued.

According to McNight, Berkeley High School is the only public school in America with a department of African American studies that includes history, sociology, psy-



RADM Lichtman lends a helping hand in serving the staff during a lunchtime treat featuring "soul food." (Photo by SN Mark T. Herrington)

little of men," Reverend Robert J. McNight asserted in his address to staff members of the hospital during its Black History Month celebrations recently. "Anything that men do not understand, they will seek to destroy because they feel threatened by its



Reverend McNight (middle, in black suit) dines with the hospital's bigwigs. (Photo by SN Mark T. Herrington)



The hospital's choir renders a well-applauded performance with its repertoire of best-loved "black music." (Photo by SN Mark T. Herrington)

chology and the writings of African American people.

Indeed Woodson was right on the mark when he realized early in his life the importance of Black history and culture in the fabric of American society. His love of Black history led him to initiate what was then called Negro Black History Week in 1926, a period devoted to emphasizing the salient facts of history as influenced by Negroes. He set the pace for research in the area of Black history with the publication of numerous books.

"If Carter Woodson were here today, he would change his book 'The Miseducation of the Negroes' to 'The Miseducation of the American Students,'" said McNight.

In the book, Woodson lamented that his education was not relevant to the society in which he had to live, that his education didn't prepare him to be a part of the future.

"Your education should instill in you the desire to dream big, to be creative and to look

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Hepatitis 'A' derailed at Mare Is.

By Diane LaMacchia
Public Affairs Officer

A surprisingly large number of shipyard workers — 1,933 in all — lined up at Branch Medical Clinic Mare Island early last month to receive inoculations against Hepatitis A.

"We certainly didn't expect the entire shipyard to show up at our front door," said Steven Bayes, head of the clinic's Occupational Medicine Division. Bayes had to order gamma globulin from the manufacturer and borrow back-up supplies from USNS Mercy and

ships at Mare Island when the branch clinic ran out of it the second day of the immunizations.

A confirmed case of Hepatitis A in a cook on one of the mobile snack bars serving the shipyard prompted clinic and other shipyard officials to offer

Pat Heady, an occupational health nurse, gave 360 shots in three hours. "Monday afternoon I started by myself; then they sent two corpsmen to help me," Heady said. "We knew there were going to be quite a few (patients), but we had no idea how many. We

On the first day it took about 40 minutes for a person to get in and out of the clinic, Bayes said, including the 20 minutes' rest period after the immunization. But on day number two the line was 200 yards long with "well over 1,000 people in line at one



Some of the occupational health staff who helped inoculate almost 2000 shipyard workers at Mare Island from left to right (2nd row): HM3 Patrick Parker, HM1 Cathy Manz, Pat Heady, occupational health nurse, HM3 Steven Kryska, (foreground): HM2 Charles Ramsay and LT T. J. Furlong.



Branch Medical Clinic Mare Is.



Occupational nurse Pat Heady said administering inoculations for hepatitis A was a "Real combined effort between the military and the civilians."

a shot of gamma globulin to anyone who might have eaten from the coach.

But apparently some people who hadn't come in contact with that particular snack bar were taking no chances and lined up with the others. Bayes said some of them "turned themselves away" once it was explained to them, "If you didn't eat off that canteen it's impossible for you to be infected."

The bulk of the shots were administered over a four-day period but were offered for two weeks, starting Feb. 5. Mobilizing to receive so many patients took 70-80 percent of the clinic staff, Bayes said. Chief Hospital Corpsman Andrew Mendes, among others, "worked his fingers to the nub," Bayes added.

thought there'd be a hundred or so."

To handle all of the inoculations it took 27 enlisted people, one officer and 14 occupational health workers, including three physicians and one physician assistant.

time."

But according to Heady, no one was complaining. "The patients were really nice — they were so cooperative. It was hot, and they were standing in line to get these shots. They were wonderful."



Industrial Hygiene section of the clinic.

VADM Boorda: Personnel Quality 'spiraling up'

WASHINGTON (NNS) — The efforts of sailors in the fleet, in training commands and in schools commands to tackle first-term attrition have begun to pay off. Since reducing personnel losses became one of the Navy's top man-

power priorities, losses among first-termers have gone down, and Navy-wide retention rates have gone up, thanks to the leadership of today's sailors.

"We've been trying to help more people be successful," said Vice Admiral Mike

Boorda, chief of Naval Personnel. "And it's working. The result has been some reductions in attrition — and equally important, an increase in the number of people who are eligible to reenlist. Sailors are working harder to do the

things that make them eligible for reenlistment," Boorda added.

This good news has led to more related good news — an increase in retention rates. Last year's first-term reenlistment rates were the highest of

the 1980's, and second term and third-term reenlistments were the highest since 1953. This positive trend is continuing; figures from the first quarter of Fiscal Year 89 are slightly higher than they were at the end of 1989.

March 16, 1990



Occupational Health Physician, Dr. Leland E. Hilburg, screened patients for potential reaction to gamma globulin.

Brand Medical Clinic Mare Is. takes care of its own

By Diane LaMacchia
Public Affairs Officer

Branch Medical Clinic Mare Island serves as a patient population of about 26,900 of which approximately 12,000 are civil service employees, 4,900 active duty, and 10,000 dependents and retirees.

To serve so many shipyard workers, the clinic has a large occupational health program, routinely providing 100 preliminary physicals a day, 48 doctor's physicals and 15 to 20 acute care visits daily. The occupational health program follows about 9,300 civilian employees and 3,000 military who require surveillance.

Commander James A. Wright, Medical Service Corps and officer in charge, takes great pride in meeting his customers' needs. In the case of the occupational health program, for example, the clinic has noticed an increase in the number of patients who are cared for there and return to work — good news for tenant commanders who eventually will be paying the cost of workers compensation.

The clinic also sponsors wellness programs — a smoking cessation program begun earlier this month on his customers' demand enrolled 50 people, Wright said.

Clinic staff is also heavily involved with families. The pediatrics program has two pediatric nurse practitioners, a physician assistant with training in pediatrics and a Navy medical corps pediatrician.

In addition, "We have an excellent working relationship with the base tenant commands in support of the Navy family advocacy programs," Wright says. The family advocacy program intervenes in cases of child or spouse abuse. "We've gone from a caseload count in the 20's when I first started (7 years ago)" says Deputy Family Advocacy Representative Vicki Hewitt. "Now it's up to 115."

"Commands are interested because we don't come on to them with: 'Your guy's a jerk, we want to hurt him.'"

Instead, Hewitt says, she and the Family Service Center staff present a less punitive aspect.

"We go to them saying we don't really know what's wrong, we want to talk to your member."

Because of this less threatening approach, Hewitt says, the commands on Mare Island work closely with the clinic, coming to Family Advocacy when incidents are smaller, before they become more violent.

"If you add all of that up — less people failing, less attrition, more people eligible to reenlist and higher reenlistment rates — you have better people, lasting longer and deciding to stay in," Boorda said. "This means we can reduce the number of people we have to recruit. What we are seeing is a 'spiraling up' of recruit quality, retention and overall quality and satisfaction of the fleet sailor."

The goal is to keep getting better, to work harder at making people successful and proud to be in the Navy.

Red Rover

More on civilians' drug-free workplace program

By Herb Lindemann
Civilian Personnel Officer
NAVAL HOSPITAL, OAKLAND — In the previous issue of Red Rover, information was provided about measures the Navy is taking to implement the president's order for a drug-free workplace program (DFWP).

The following questions and answers address the issues of drug abuse counseling available through the Civilian Employee Assistance Program (CEAP) and the "Safe Harbor" provision designed to help users who admit to illegal drug use before they are identified through other means.

What role does the Civilian Employee Assistance Program (CEAP) play in the DFWP?

HM1 Travers

Continued from page 1

the Oakland team. He was also NSHS, Oakland's, Sailor of the Year.

"He's a pace-setter," Lindstrom said of the industrious corpsman. He's a dynamo in administering school functions...a superior counselor, an articulate and insightful communicator."

Navy family

Why did he become involved with Navy medicine?

Coming from "a long line of Navy life" — three generations, with his grandfather, his father and two brothers on the Navy family tree — a Navy career was a natural for him. But his mother is the one he gives credit for his predilection for medical service. He grew up while she was in nursing school, and it was then that he decided he wanted to become a corpsman.

And what advice does the young, "squared away petty officer" with such a promising future have for his peers?

In the words of folk singer/writer Harry Chapin whom he admires: "If every man tried to live his life on earth to prove before he died what one man's life could be worth, I wonder what would happen to this world?"

Married to the former Deanna Tregaskes, Travers lives in San Francisco with the couple's three children: 11-year-old Cynthia, 8-year-old William and 6-year-old Jeffrey Sebastian.

A. The CEAP plays an important role in preventing and resolving drug abuse problems in the same manner that the program has assisted employees with alcohol abuse problems for many years. Employees are encouraged to voluntarily seek assistance from CEAP for drug abuse problems. CEAP provides information and advice to supervisors; confronts employees referred to the program who have performance and/or conduct problems and makes referrals to appropriate treatment and rehabilitation facilities. CEAP also provides follow-up counseling to individuals during rehabilitation to track their progress and encourages full recovery. The cost of actual treatment or rehabilitation is borne by the employee and his or her federal health benefits carrier. The CEAP is administered separately from the drug testing program and is available to all employees without regard to a finding of illegal drug use. The CEAP counselor is Mrs. Gloria Grace. She can be reached at 3-5380.

What is "Safe Harbor?"

A. Under the Executive Order, Department of the Navy is required to initiate action to discipline an employee found to use illegal drugs under any circumstance. The only exception to

this requirement is the "safe harbor" provision. Under "safe harbor," Department of the Navy will not initiate disciplinary action against an employee who meets the following three conditions: 1) voluntarily identifies him/herself as a user of illegal drugs prior to being identified through any other means; 2) obtains counseling and rehabilitation through the CEAP; and 3) thereafter, refrain from using illegal drugs. An employee who admits to illegal drug use after being notified that he/she is scheduled for a drug test, or just after a sample is collected, or who is found to use illegal drugs on the basis of other appropriate evidence, e.g., evidence obtained from a criminal conviction, is not eligible for "safe harbor."

The key to the effectiveness of "safe harbor" is that an employee must be willing to admit to having a problem and be willing to seek help to solve the problem. You can contact the drug program coordinator Commander Gregory Gibbons at 3-5890, or Mrs. Gloria Grace at 3-5380 to inquire about safe harbor.

Civilian Personnel will continue to disseminate information about the program in subsequent issues of Red Rover. Please contact Mrs. Penny Becchio at 633-6374 for further information.



OR nurses 'press on'

LCDR Ardis E. Goulart, NC (right), orientates LTJG Loretta A. Howerton, NC (left) on post-surgical procedures in the Post Anesthesia Recovery Room. Goulart and Howerton, are both assigned to Naval Hospital, Oakland's, operating room. (Photo by JO2 Tami S. Begasse)

Women baseball players sought

The hospital's Women Varsity Softball Team is looking for interested players, active duty or dependents. For particulars, call HM3 Kerry L. Barnett at ext. 35981, or SH2 Alice C. Simmons at ext. 34516.

'... I'll do everything I can to make sure that you're (civilians) happy...'

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — It was crowded and hot in the Clinical Assembly room, but there was mostly good news for the civilian personnel when the hospital's commanding officer, Rear Admiral David M. Lichtman, addressed them during his "Admiral's Call" on February 23.



It was "standing room only" at the "Admiral's Call," when Rear Admiral David M. Lichtman spoke to the civilian personnel about current issues. (Photo by SN Mark Herrington)

If length of applause is any gauge, the very best of news was that, thanks to a movement spearheaded by the Internal Revenue Service, President Bush has included in his 1991 budget a recommendation for a one-time 8% cost of living raise for the Bay Area federal work force.

"It's just a proposal, but it has a good chance of passing," Lichtman said, explaining

that it is a one-time cost of living raise across-the-board.

The worst tidings concerned base closures and the inevitable downsizing of the armed forces as a result of relaxed world tensions. But even this was not such bad news for federal employees because, according to Lichtman, it means the Navy will need more civilians to help hospitals fulfill their mission.

"There will be less active

Another piece of mixed glad tidings concerns the hiring freeze which, Lichtman said, has a silver lining for the medical service. There is no denying that it is the strictest freeze ever enacted by DoD; but according to the admiral, the department has known for many years that Navy hospitals are severely understaffed — realizing that, if understaffing worsens, more and more people will have to be sent out to CHAMPUS, and this would not bode well for the line Navy.

CHAMPUS bill

"They realize that CHAMPUS bill is being paid for by ships and bullets and aircrafts," he said, "and it doesn't make sense for us to have to lessen our work load because the line pays for it in the end. So DoD has granted the Bureau of Medicine and Surgery (BUMED) 1000 exemptions from the civilian hiring freeze. And we, here at Oakland, have requested 78 waivers to fill the positions that we have now, and we feel confident that we'll be able to get those 78 waivers.

"There's nothing in terms of reduction in force (RIF) or firing, and in addition, on an ongoing basis, we will continue to request waivers for each position that opens up."

Q and A period

After discussions of specialized issues (contract and resource/sharing programs) by the responsible individuals in charge, the "Admiral's Call" was concluded with a question and answer period during which Lichtman and his staff addressed questions from the "standing room only" civilian crowd. Topics included the need for officers to attend supervisor training; status of NHO's licensed vocational nurses (LVNs) and the possibility of their being afforded educational opportunities toward acquiring a nursing degree; DoD placement program policy for RIFs; required skills for clerk typist classifications; the catch-22 situation involved in the "use or lose" annual leave policy vs. denial of leave due to "the exigencies of the service;" some supervisors' unrealistic expectations for evaluations and the implications of the efficiency review program.

Reiterating his often voiced opinion about the value of civilians to the command, Lichtman approached all the issues

duty personnel, less active duty physicians and nurses," he explained. "But our graduate medical education (GME) mission is there and will remain there. So in the future, I think we'll be depending more on civilians rather than less."

And, according to Lichtman, the fact that Naval Hospital, Oakland, figures on the Department of Defense (DoD) so-called "hit list" is not as threatening as it might seem.

Base closures

All that we know at this time is that Oak Knoll is on the list, but it doesn't mean closure will happen, he pointed out, adding that the only current certainty on the subject is that Letterman is shutting down operations and will relocate some of its services to Naval Hospital, Oakland (NHO), under the joint Army/Navy San Francisco Medical Command.

And even if the worse were to happen and Congress approved NHO's disestablishment, it would be subject to a detailed process — an economic analysis, et cetera, "and when they finally see what we're doing, ten years from now they'll realize how vital we are and my crystal ball says that we'll probably never close," the admiral predicted.

Federal Corner

FEHB Plan

By Sydney Santos

Federal Employees Health Benefit Program (FEHB): Employees leaving Government service, who were enrolled in a FEHB plan have always had a temporary 31-day extension of their coverage and the right to convert their coverage to a private plan. This conversion right only meant that the employees' current plan could not deny them coverage. The coverage obtained was the same as coverage offered to the general public and cost the same as the price to the public.

Since January 1 this year, separating employees can now continue their group coverage under the FEHB for 18 months. Those electing to continue the group coverage under the FEHB program may elect the coverage in any plan or option and must pay both the employee share and government share of the monthly premium.

This temporary extension of coverage is also available to children, covered under a parent's FEHB plan, who lose coverage due to marriage or reaching age 22 and to former spouses.

Children and former spouses may continue the group coverage for as long as 36 months. They must apply for coverage within 60 days after losing coverage under the employees plan.

The Civilian Personnel Office will notify each separating employee of their opportunity to elect temporary continuation of their coverage at the time they separate.

Employees are responsible for notifying children and former spouses since the personnel office has no way of knowing when these individuals lose coverage.

Civilian jobs available

Position Title/Service/Grade	Location	
Industrial Hygienist GS-690-7/9/11	Various Locations	OC
Physical Science Aid GS-1311-04	Navy Drug Scr. Lab	OC
Physical Sci. Tech. GS-1311-4/5	Navy Drug Scr. Lab	OC
Physical Sci. Tech. GS-1311-5/6	Navy Drug Scr. Lab	OC
Health Technician GS-640-4/5	Various Locations	OC
Secretary (typing) GS-318-4/5	Various Locations	OC
Medical Clerk GS-679-04	Various Locations	OC
Clerk Typist GS-322-3/4	Navy Drug Scr. Lab	OC
Medical Clerk (typing) GS-679-3/4	Various Locations	OC
Claims Clerk (typing) GS-998-04	Patient Admin.	OC
Clerk Typist GS-322-314	Various Locations	OC
File Clerk GS-305-3/4	Various Locations	OC
Facilities Engineer GS-801-11	Facilities Mgt.	OUF
Medical Technologist GS-644-7/9	Laboratory	OC
Medical Technician GS-645-07	Laboratory	OC
Medical Technologist GS-644-11	Laboratory	MAR 30 90
Medical Officer GS-602-13	Various Locations	OC
(General Practice)		
Medical Officer GS-602-13	Various Locations	OC
(Occupational Medicine)		
Occpnl. Health Nurse GS-610-9	Various Locations	OC
Nurse Practitioner GS-610-9/11	Various Locations	OC
Clinical Nurse GS-610-9	Various Locations	OC
Chemist GS-1320-5/7	Navy Drug Scr. Lab	OC

Closing Date

OC - Open continuously
OUF - Open until filled

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling (415) 633-6372 or Autovon 828-6372, Monday through Friday, 8:00 a.m. - 4:00 p.m., or visiting the Civilian Personnel Office at 8750 Mountain Boulevard.

Be responsible club patrons

Consolidated Club: Patrons of the club should understand they are responsible for their actions, that the club is for the enjoyment of all, that the consumption of alcohol requires some maturity and is not sold for the purpose of getting into a drunken stupor. Disciplinary action for individuals who disrupt others due to their irresponsible use of alcohol will be handled similarly to a DUI/DWI, a one year suspension of club use, in addition to any other action.

positively — promising to investigate possible solutions for each and everyone of them.

"Oak Knoll is a special place (partly) because we treat our people like a family, he said, concluding that "We don't want you to leave this hospital; we don't want you to quit. It would just make the problems worse. So I'll do eve-

rything I can to make sure that you are happy — to help you stay with us and be part of our family."

**HAPPY
ST. PATRICK'S
DAY**

March 16, 1990

People, places and events... 'Enjoy the taste of eating right'



HM2 Chappel reenlists

Hospital Corpsman 2nd Class Don R. Chappel displays his discharge certificate prior to reenlisting for further training in his field. Captain Kenneth L. Sims (right), head of the hospital's Laboratory Department, officiated at the ceremony. Chappel was assigned to the hematology section of the department. He is now at the hospital in Bethesda for his "C" school. (Photo by SN Mark T. Herrington)



LTJG Catubay promoted

Lieutenant Junior Grade Rodante Catubay, MSC, is sworn in to his current rank by Rear Admiral David M. Lichtman, commanding officer, Naval Hospital, Oakland, during a recent promotion ceremony held in the admiral's office. Catubay is assigned to the hospital's Industrial Hygiene Office where he is responsible for providing fleet support on industrial hygiene in the Bay Area. (Photo by SN Mark T. Herrington)

Haley new MM Division head

NAVAL HOSPITAL, OAKLAND — Ensign Terri Haley, Supply Corps, recently reported to the hospital as head of its Material Management

Division. A native of Southern California, Haley comes to Oak Knoll from the Alameda-based destroyer tender USS Samuel Gompers (AD-37), where she served as food service officer.

Haley relieved Lieutenant Junior Grade Cheryl Peistrup, who will be working in stock control. She or her staff are more than happy to help in any way they can, and she invites everyone to call her at 633-6326 for assistance.

Haley was recently married to Ensign Patrick Haley, also a supply corps officer stationed aboard the ammunition ship USS Mauna Kea (AE-22).

By Lt Gerrilynn L. Riccardi, R.D.
Head, Clinical Nutrition
Division, Food Management
Department

"Enjoy the Taste of Eating Right" is the theme for the 18th Annual National Nutrition Month sponsored by the American Dietetic Association. "Eating Right" often conjures images of tasteless, boring, and even monotonous foods. This does not have to be the standard for eating right.

The first step to take to "Enjoy the Taste of Eating Right" is to open yourself up to new suggestions and be willing to change some habits that are firmly inbedded in your routine.

Family favorites

To begin with, I recommend experimenting with your own family favorites by reducing the total fat, sugar and sodium in the recipe. Often times the recipe calls for a much higher amount of fat and sodium than are actually needed to prepare a tasty meal.

Remember the nutrition posters from your youth? "Protein" announced the first food group, with a picture of a steak and fried chicken. "Vegetables and fruit" said the second, with an illustration of a potato, smothered with butter, and canned fruit cocktail swimming in heavy syrup. "Dairy" said the third, as two fried eggs looked up at a bottle of whole milk. "Breads and cereals" followed with a slice of white bread and a bowl of indistinguishable breakfast cereal. That was then.

Today, the emphasis of good nutrition is based on making healthy food choices as well as learning how to "Enjoy the Taste of Eating Right." We still need to eat a variety of foods from the four basic food groups, but the preferred choices within those groups are changing.

Lean cuts

Protein is found in meat, poultry, fish, and dried peas and beans (legumes). It is also present in dairy products. To get the protein your body needs (44-56 grams per day for adults), without taking in unnecessary fat and cholesterol, select lean cuts of meat, skinless poultry, fish, legumes, and low- or non-fat dairy products.

Complex carbohydrates are abundant in fresh fruits and vegetables and in whole grain breads and cereals. Unlike



processed fruits and vegetables and refined (white) flours, these foods are also high in dietary fiber. Adequate dietary fiber has been linked with a reduced risk of some cancers, and may also be beneficial for people who are trying to control weight.

Fats are essential to sound nutrition, but total fat intake should be limited to no more than 30% of your daily caloric intake. Animal fats (found in "marbled" meat, butter, lard, and whole milk products) and other saturated fats (like coconut and palm oil) should be limited. Saturated fats in-

crease cholesterol in the blood — a major risk factor for coronary artery disease — and may also contribute to some cancers. Better choices are vegetable oils (safflower, sunflower, canola, corn), margarine, and low- or non-fat dairy products.

The good news is that by taking charge of your own nutrition, you can improve your health while reducing your risk of lifestyle diseases like cancer and heart disease. The new nutrition isn't saying goodbye to the four basic food groups, but learning how to "Enjoy the Taste of Eating Right."

Dental Corner:

What is maxillofacial prosthetics?

By LCDR Ronald E. Myers, DC

What happens to those patients who may have an altered portion of their head and neck anatomy due to trauma, cancer, or a congenital malformation?

Maxillofacial prosthetics is the branch of prosthodontics devoted to the rehabilitation of patients with oral, facial, or other anatomical deficiencies. The patients are rehabilitated by means of prostheses such as an artificial eye, ear and nose or (intraorally) an obturator to close a defect. An obturator is a piece of material used to close off cavities that go between mouth and nose.

There are many possible causes for such problems which can generally be grouped into the following three broad categories: Acquired defects; for example, defects caused by cancer, gun shot wounds or automobile accidents; congenital defects such as cleft palates or those caused by Crouzan's Disease and developmental defects caused by such diseases as oral-facial dyskinesia.

Many prostheses are made as a direct result of earlier medically necessary care. While the majority of such prostheses are intraoral (in the mouth) in nature, many other combinations (in and out of mouth) and non-oral prostheses are fabricated to aid a wide variety of medical specialties. Examples include neurosurgery (acrylic resin or metallic cranial plates), plastic surgery (synthetic facial or body implants), otorhinolaryngology, popularly known as Ear, Nose & Throat (custom stomal prostheses — a piece of plastic used to cover a hole resulting from surgery) and speech pathology (palatal lift prostheses — used to seal off the back part of the mouth).

Those devices that are intraoral, or of a combined intra and extra oral nature, frequently require retention (stabilization) from natural teeth, crowns or fixed bridges, and often times are made in conjunction with other dental prostheses, such as a removable partial denture with an obturating section to close a communication between the oral cavity and the maxillary sinuses.

Individuals who have congenital defects can be rehabilitated with maxillofacial prosthetics that will help making them functional and socially active.



Think Safety!

Orthopedists win research competition

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — Staff physician Captain Arvin H. Alexander was the overall winner, and Lieutenant Commander John D. Dorchak the resident victor of this year's two-level Bi-Annual Academic Research Competition (one staff and one resident) sponsored by Oak Knoll's Clinical Investigation Department (CID) on February 28.

Captain Alexander, a Medical Corps officer who received a funded TAD trip of up to \$2,500.00 to a conference or workshop of his choice is the head of the Orthopedics Department; Dorchak, also in the Medical Corps, is a resident in the same department.

Both will compete with their rivals from the other three major teaching hospitals — Bethesda, San Diego and Portsmouth — for the honor of winning a trophy for Oak Knoll at the Fifth Annual Naval Academic Research Competition to be held here on May 16, said Lieutenant Randy S. Girven, Medical Corps, the competition coordinator.

"Chymopapain Chemonucleolysis vs Surgical Disce-

tomy" is the entry that earned Alexander his prize. "It describes a procedure used to reduce swelling in an herniated disc with chemicals instead of surgery," explained Girven, who translated the equally perplexing title of Dorchak's winning contribution as "a more specific way to diagnose knee injuries."

There were six other participants in the competition, three Medical Corps residents and three staff physicians. Lieutenant Commanders John P. Ternes and John C. Osgood of the Orthopedics Department and Lieutenant Jeffrey M. Sandler of Ear, Nose and Throat were the resident representatives. Charles E. Frankenhauser, Ph.D., head of Audiology Department and Orthopedics Lieutenant Commanders Robert L. Barrack and Steven L. Buckley represented the Oak Knoll staff.

According to the contest coordinator, the eight finalists had been previously chosen to present their papers to a panel of judges at the February 28th competition hosted by CID. The judges were two Oak Knoll medical officers — Captain Thomas P. Dresser, head of Oak Knoll's Nuclear Medicine Department and Commander Kevin M. Shan-

non, staff physician in Pediatric Hematology/Oncology — and one civilian, Claude H. Organ, M.D., professor and chairman of the Department of Surgery at Highland Hospital, Oakland.

This kind of competition is important to the future of Navy medicine because it encourages people to do more research, stressed Girven — pointing out that what we learn today is rooted in the research activities of the past.

Gow new NHO's model maker

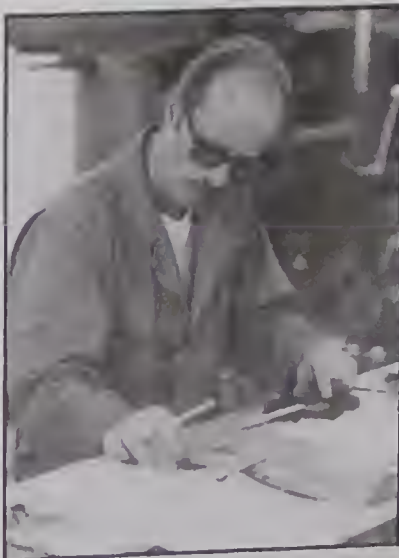
By LT James E. T. Jackson, MSC, Division Officer, Equipment Management

The Equipment Management Division of Naval Hospital, Oakland, recently welcomed Mr. Bill Gow on board to fill the position of model maker. The position was held most recently by Mr. Dick Klein who retired in September 1989.

The model maker position is vital to the timely repair of unique equipment and the development of custom parts and tools. Its duties include the engineering and fabrication of orthopedic and prosthetic components and devices, as well as alteration and modification of devices as requested.

Gow is a Bay Area native who was a machinist apprentice at Hunters Point in San Francisco. He was a machinery repairman in the Navy for two years and, from 1968 until accepting the model maker position, was a tool and die maker for the U.S. Mint in San Francisco. The father of two and grandfather of one has lived in Pacifica for twenty years and enjoys woodwork and fishing.

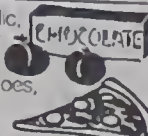

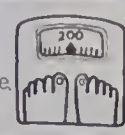

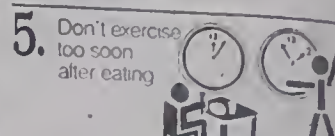
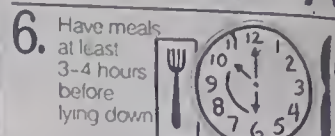
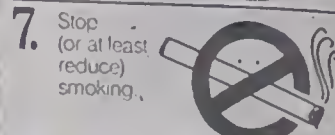
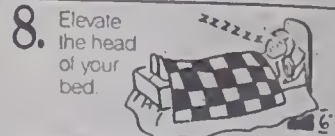
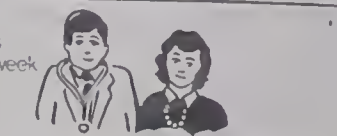
Located in building 102 (ext. 35787), Gow is a welcome addition to the Equipment Management Department. He looks forward to helping meet the equipment needs of Naval Hospital Oakland.




Bill Gow

COPING WITH HEARTBURN & REFLUX

If you are one of the millions of people who suffer from heartburn, the most common symptom of reflux, there are things you can do to improve your lifestyle and your health.

1. Avoid spicy, acidic, tomato-based or fatty foods like chocolate, tomatoes, citrus fruits and fruit juices. 
2. Limit your intake of coffee, tea, alcohol and colas. 
3. Watch your weight (Being overweight increases intra-abdominal pressure, which can aggravate reflux.) 
4. Don't gorge yourself at mealtime. 
5. Don't exercise too soon after eating. 
6. Have meals at least 3-4 hours before lying down. 
7. Stop (or at least reduce) smoking. 
8. Elevate the head of your bed. 
9. See your physician if you are taking antacids three or more times a week. 

Provided in the interest of good health by Glaxo 

'Black History' Continued from page 3

forward to the future," said McNight, echoing Woodson's sentiment and emphasizing the need to include studies of Black history in the American educational system.

"The only way for this dream to become a reality is to lead ourselves to learn something about those that we know nothing about. Men fear the most what they know the least."

The Black History Month celebration at Oak Knoll culminated with a luncheon in the hospital's dining facility featuring Black ethnic foods. An entertaining and educational program in which McNight addressed the audience in the Clinical Assembly followed, with the hospital's choir providing a musical program much to the delight and applause of the audience.

Rear Admiral David M. Li-

chtman, commanding officer, Naval Hospital, Oakland, was also on hand to deliver his commemorative message.

"When we look at the minorities as people," the admiral said, "we realize there is still so much to be done. Here at Oak Knoll, I think we can do more, and we will do more because we need to bring out the best in every one of our employees and in every single one of our fellow workers, active duty, civilians, or whatever your status is."

"We can make improvements and we must work on a daily basis to achieve them," the admiral continued. "Carter G. Woodson, Dr. Martin Luther King and our forefathers all had the same dream, and that is, 'All men are created equal.' We, at Oak Knoll and the Navy, want to show to the world we're doing our share to make this a reality."

HM2 Nicholas Continued from page 1

Army Hospital.

Meanwhile, Nicholas is preparing the logistics and resources needed for the hospital's version of the program. In fact, Oak Knoll will be the Navy's first training ground for this course, with corpsmen from its branch clinics attending the first class scheduled to convene some time this month.

The course taught at Walter Reed covers an eight-week training period but Oak Knoll will condense it to two weeks without sacrificing the quality and intensity according to Nicholas. The first phase (1st week) will be concentrated on

didactics while phase two (2nd week) will be on-the-job training.

Nicholas will teach the course himself along with his superiors in the clinic. He will also prepare and outline the lessons that need to be highlighted in coordination with the hospital's Command Education and Immunology Clinic.

"This is an outstanding course that will help alleviate the workload of the Immunology Clinic here," said Nicholas. "Instead of sending patients here, the branch clinics will be able to care for these patients themselves."

Chaplain's Corner

By LT J.D. Weadick, CHC, USNR

NAVAL HOSPITAL, OAKLAND — One of the more meaningful experiences of my life was when I backpacked into the Sierra Nevadas for one week. I left behind the clatter of the city and embraced an environment void of commitments, obligations, deadlines and expectations. As I made my way into the mountains, the sights and sounds of nature increasingly appealed to me. The beauty of the trees, clear streams and white capped mountains were invigorating. Birds, animals, wind in the trees, flowers and clear blue skies captivated my attention. The higher I climbed the more awesome the experience and the more I was aware of my own insignificance. At the 12,000 foot mark, I found myself surrounded by snow peaked mountains. It was beautiful beyond imagination. I remained speechless for hours, enjoying a deep peace within and a gratefulness in my heart for the very breath of life. It was difficult to hold back the tears and even more difficult to leave the serenity.

As I look back on that adventure, and others similar to it, I am reminded of the Psalmist:

"O Lord, our Lord,
How majestic is Thy name in all the earth,
Who has displayed Thy splendor above the heavens.
When I consider Thy heavens, the work of Thy kingdom.
The moon and the stars which Thou hast ordained;
What is man that Thou dost take thought of him?
And the son of man that Thou dost care for him?"

Surely, God is in our midst. Though I listen patiently to those who choose not to believe in the existence of God, every argument is outweighed by the beauty and order of creation. Did it all happen by chance or by some freak accident millions of years ago? I certainly do not have the faith to believe such a tale. Rather, I have chosen to believe what my instincts tell me, and have found it liberating to relish the gift of life, the creation of God and most importantly the personhood of God.



RED ROVER



Volume 2, Number 7

Naval Hospital, Oakland 94627-5000

March 30, 1990

Oak Knoll's EMT best in the Navy

By JO1 Dan B. Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — Lieutenant Commander Alison L. Mueller was the least surprised when the Washington, D.C.-based Health Sciences Education and Training Command (HSETC) informed her last month that the hospital has the best Emergency Medical Technician (EMT) course in the Navy. This is nothing new; since she began teaching the course in 1982, every program that she has handled has turned out to be number one.

"You're going to be the best EMT when you graduate here," said Mueller, the course coordinator at Oak Knoll. "We are the best because we care. We take it seriously. Life and death is a serious business."

"My product is people who have the responsibility to save life," she continued. "Keeping a person alive under an emergency situation is a big responsibility."

Offered Navy-wide

The EMT course given at Oak Knoll is also offered in 37 naval hospitals throughout the world. It's aimed at providing corpsmen with the basic skills they need to effectively assist patients who are victims of trauma and emergency situations in a pre-hospital setting.

Other major hospitals offering the course include Beaufort, Bethesda, Bremerton, Camp Pendleton, Jacksonville, Pensacola, Philadelphia and Portsmouth.

Oak Knoll achieved a 90.48 percent passing rate last year, based on statistics released by HSETC which compared the hospital's EMT training program with those of other naval hospitals. The overall national pass rate, in-



EMT students at Oak Knoll administer first aid to a car accident victim during a mock-up drill. The increased emphasis on the practical application of the course is one of the key reasons why NHO's EMT is the best in the Navy and in the nation. Another unique feature of the course is the 40-page manual put together by LCDR Mueller containing everything one needs to know about EMT.

cluding all the civilian programs, is 67 percent. The national average test score is 72.6 percent. Oak Knoll's mark is 79.2 percent.

Next to Oakland is Naval Hospital, Bremerton, with an 88 percent pass rate; followed by Naval Hospital, Portsmouth, 85 percent. Naval Hospital, Bethesda, finished eighth with a 54 percent pass rate.

More classes

In addition, Oak Knoll is among the top four programs in total number of EMTs trained. Because the hospital is adding more classes by the end of 1990, the number of EMTs trained here will be doubled.

What makes the course taught at Oak Knoll unique and successful?

"The staff members come across like they re-

ally care," said Mueller who reported to Oak Knoll in the spring of 1987 from Okinawa Japan, where she also taught the course. "We do really care. We set the standards and we don't waive anybody to pass the course."

Mueller's students have to make 80 percent on every test, or they will be disenrolled even if they are about to finish the two-and-a-half-week course. She gives them homework every night and on weekends.

To motivate her students, Mueller puts extra emphasis on better use of adult/learning techniques, gives them practical individualized attention and helps them increase their "exam-taking skills."

"You can't practice the trade until you pass the test

given by the National Registry, which sets the national standards for EMT's," she said. "The test is very difficult."

Practical training

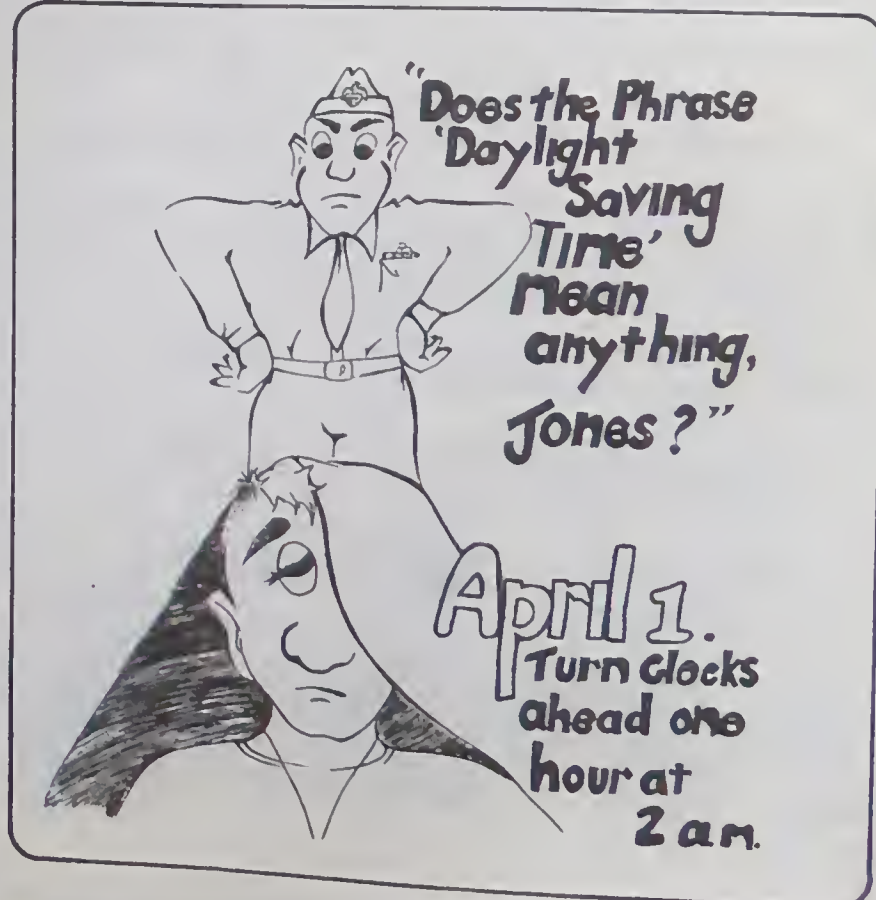
Emphasis is also placed on the practical application of the course and "thinking things through."

"We do a lot of practical training in between classes," said Mueller. "Students need to know why they do what they do in order to graduate here."

"Every patient is different, and so is every situation," she explained. "They need to be ready to adapt themselves to whatever situation exists. We present situations close to something they may see or encounter in the future."

"This is operational training. We try to prepare corpsmen not only within military standards but within civilian standards as well."

See page 5



Attention All-hands

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will conduct an accreditation survey of this hospital on May 2-4, 1990. The purpose of the survey will be to evaluate the facility's compliance with nationally established JCAHO standards. The survey results will be used to determine whether accreditation should be retained by the Naval Hospital, Oakland, California.

Anyone believing that they have pertinent and valid information about this facility's conformity with the standards of JCAHO may request a public information interview with JCAHO field representatives at the time of survey. Information presented at the interview will be carefully evaluated for relevance and accuracy, and the findings will be included in the survey report. Requests for public information interviews must be made in writing and should be received by at least two working days before the survey begins. Such requests should be addressed to:

The Department of Integrated Accreditation
Joint Commission on Accreditation
of Healthcare Organizations
875 North Michigan Avenue
Chicago, Illinois 60611

The JCAHO will acknowledge such requests in writing or by telephone and will inform this facility of the request for an interview. The command will, in turn notify the interviewee of the date, time and place of meeting.

This notice is posted in accordance with JCAHO requirements and may not be removed before the date of the survey.

D. M. Lichtman
RADM, MC, USN
Commanding Officer

Uniforms cost to go up Oct. 1

Sailors will have to pay more for uniforms beginning October 1 because a change in Department of Defense (DoD) policy has eliminated the subsidy which underwrote uniform costs from the DoD Operations and Maintenance Fund.

Prices will rise an average of 22 percent and will now reflect the actual costs involved in the clothing procurement process, including personnel and depot storage costs. For the sailor, this

means prices on items such as undershirts will increase 80 cents to \$3 each, and safety shoes will cost \$41.10 per pair, \$13.05 more than before.

The rise in prices will be partially offset by a 23 percent increase in the clothing replacement allowance, but sailors can save the most money by buying uniform items now, before prices go up.

(Reprinted from The Direct Line, March 1990)

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

The Red Rover is printed commercially with appropriated funds in compliance with NAVSO P-35. Views and opinions expressed are not necessarily those of the Navy Department.

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Executive OfficerCAPT Jack W. Bartlett, MSC, USN
Public Affairs OfficerDiane LaMacchia
EditorJO1 Dan Guiam
PhotojournalistJO2 Tami Begasse
Editorial AssistantAndree Marechal-Workman
StaffYNSN Tom Rizzo
SN Mark Herrington

Red Rover serves everyone including branch medical clinics

The Red Rover is for everyone — Oak Knoll as well as its branch medical clinics, and the public affairs staff would like to encourage branch clinics personnel to submit articles, notices or strong story ideas about people, events and issues affecting their commands.

If something happens which you think will affect the surrounding clinics' community and is likely to stimulate local media interest, please contact Public Affairs Officer, Diane LaMacchia, immediately, and she may be able to send a reporter to cover the event.

Guidelines

However, because our staff is limited, and in order to ensure timely coverage, we hope that you will write your own stories — an easy task if you keep in mind the six points that form the basis of good journalistic reporting, "who, what, where, when, why and how." And, to help Red Rover's editorial staff speed up publication, adherence to the following guidelines will be helpful.

- Submit articles in double spaced format, on an average of two pages
- Spell out all acronyms.
- Use complete names and working titles (first, middle initial and last name, along with rank, rate, corps and work station).

Timely publication

You will also facilitate timely publication if you advise us far in advance of upcoming events and write your stories right away, before their topics become history — understanding that PAO staff reserves the right to edit the stories to meet command policy and Associated Press style guidelines.

For your convenience, following is a number of deadlines for future issues of Red Rover, when your stories will be due in this office by close of business: April 2 and 16; May 14 and 28 and every two weeks thereafter.

Point of contact for further information is Andree Marechal-Workman at AV 828-6147 or 415/633-6147. Our fax number is (415) 633-6222.

From the Commanding Officer RADM David M. Lichtman



You've all heard me talk lately about Total Quality Management (TQM), but I wonder if I've gotten across to you why I'm so excited about the concept.

It's because TQM is all about "empowering" an organization — empowering our organization — and really making it work.

A major part of TQM is permitting and encouraging members of the organization to make changes where they can. You may have heard me make the comment that each of the managers at Oak Knoll heads his or her own "command." And as "commanders" we all must take the proper initiatives to make maximum improvements within our organization. We do this, of course, within a particular set of parameters. Just as I, the

commanding officer, have to live within my leader (Admiral Zimble's) mission, so each director performs within the mission of that directorate; the department head within the department; and each person in the office within their own assignment and expertise as a member of the team.

You are the expert. You are in a position to make necessary changes as commanding officer of your own particular "command." Within your budget and within your mission, I encourage you to take the reins of power and make those improvements at the level where the work is actually accomplished.

Good luck with it. I think you'll find this approach immensely rewarding and empowering. I know I have.

From the Executive Officer CAPT Jack W. Bartlett

At Naval Hospital, Oakland, we are always striving for improvement and the ultimate satisfaction of our customers.

Since November, four Process Action Teams (PATs) were formed to improve processes that managers identified as important areas for change. The teams studied these processes methodically to find solutions to problems and, so far, two of the teams have reported out with both findings and actions.

The Same Day Surgery team, headed by Commander Janet L. Peterson, looked at the Reserve Weekend Surgery Program (RWSP) and its ward. A key result of the team's efforts was a dramatic improvement in the admissions process, which has led to much greater efficiency and, therefore, happier patients and staff. A separate article in this issue of Red Rover gives more details on this team's accomplishments.



The Bed Utilization team (Team Alpha), headed by Captain Quentin Van Meter, found a way to open another operating room and increase intensive care unit utilization.

The Alpha team was also able to increase utilization of the Post Anesthesia Care Unit (PACU) and the ambulatory care ward.

See page 6

March 30, 1990

Visiting Surgeons Program underway

By JO2 Tami Begasse,
Photojournalist

Naval Hospital, Oakland's, Department of General Surgery, Visiting Surgeons Program, is a new surgical service provided to active duty and retired personnel and their families who live near the hospital's outlying clinics.

Already established at Mare Island and Moffett Field branch clinics, the program is designed to increase Naval Hospital, Oakland's (NHO), inpatient general surgical load and operative experience for surgical residents and staff.

"We have established monthly or bimonthly visits to Mare Island and Moffett by the general surgeons to see patients requiring general surgery consultations and to perform all preoperative tests that can be conducted to save them a trip here [to NHO]," explained Captain John D. Bartlett, Medical Corps (MC), the hospital's director for surgical services.

"The program is possible because we [NHO] have recruited sufficient general surgical staff to have our attending surgical physicians visit outlying clinics to conduct surgery clinics in their areas of expertise," Bartlett added.

Under the program, once consultations are conducted, patients needing surgery are scheduled for their specific operations and are then able to show up at NHO for surgery to be conducted the day of their arrival. In most cases after the patient is discharged, followup care may be handled back at the original clinic to make the process even more convenient for the patient.

"The reason for doing this," explained Bartlett, "is to support NHO's Clinics Command, to provide better service to our patients and to become more efficient."

The surgeons as well as the patients benefit from this new program. For example, NHO sends surgical physicians to Naval Hospital, Lemoore, to free up Lemoore surgeons so they may further their post graduate education. In addition, Lemoore surgeons rotate with their NHO counterparts, affording the Lemoore surgeons

stronger academic experiences in a hospital setting.

According to Bartlett, a further exchange of pediatricians and internal medicine physicians from Moffett is currently being looked into by NHO's Internal Medicine Department.

Visits from NHO's Ear/Nose/Throat and orthopedic surgeons are already established.

Telephone and beeper numbers of scheduled NHO staff and senior residents are sent to all outlying clinics to increase accessibility to medical, surgical and dental information.

The Visiting Surgeons Program is evidence of NHO's commitment to promoting easy access to military health care in the Bay Area.

As Bartlett says: "The bottom line is that we want to open our doors to patients who need surgical care and who might be having diffi-

See page 8

Oncology symposium addresses breast cancer issues

By Andree Marechal-
Workman

Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — Breast self-exami-

nation continues to be the most viable way to detect breast cancer, according to a speaker at Oak Knoll's recent oncology symposium.

According to Commander Mark D. Browning, Medical Corps, the seminar's coordinator, Dr. Paul Dechant said that breast cancer detected at a very early stage responds better to therapeutic modalities (surgery, radiation, chemotherapy and hormonal manipulation). Browning agrees with his colleague that "the majority of breast cancers are detected by self-examination."

Joint sponsorship

Along with the importance of physician examination and mammography (especially for women over 40) as cancer detecting tools and various therapeutic methods, this issue was addressed during the seminar sponsored jointly by the American Cancer Society and Naval Hospital, Oakland, held on February 23rd at the consolidated club.

The symposium featured five speakers: Paul F. Dechant and Leigh Forsberg, M.Ds, members of the American Cancer Society; Drs. Michael Small and Alan P. Venook of the University of California, San Francisco (UCSF) and Rodney Rodriguez, M.D., Ph.D., an East

From the Command Master Chief HMCM Michael L. Stewart



Here are a few more questions that have been asked concerning the correct wearing of uniforms.

Q: What is the correct way to wear the windbreaker, khaki or black?

A: The windbreaker shall be worn zipped up at least 3/4 of the way. Wearing it around unzipped is unauthorized.

Q: Is it legal to walk around the base in uniform while smoking?

A: No.

Q: If an E-6 rates gold, can he/she wear gold collar devices on windbreakers?

A: No. All E4-E6 wear pewter miniature collar devices. Gold is only for E-6 personnel in the Navy Band.

Q: Can women wear socks with slacks and dress shoes (heels)?

A: No. When slacks and service shoes are worn, socks may be worn in lieu of hosiery. Only with service shoes and not with dress shoes.

Q: I am a male and would like to know when I can wear an earring?

A: Male personnel are prohibited from wearing earrings at all times.

Q: Are military creases required on Navy shirts?

A: No. Military creases present a much more professional appearance and reflect the individual's pride. They are at the individual's option.

Q: How long after childbirth is the maternity uniform authorized to be worn?

A: Maternity uniforms are mandatory for all pregnant women in the Navy when the regular uniform no longer fits. This uniform is not authorized for wear after childbirth.

Q: Are Army insignias for which I qualified while serving with the Army authorized for wear on the Navy uniform.

A: No. Breast or qualification insignias of other services or nations shall not be worn on the Navy uniform.

Keep watching this space for more uniform tips.

REMINDER — The 92nd Anniversary of the Hospital Corps will be celebrated this year with a fantastic time at the Oakland Hyatt Regency Hotel on June 16th. It will be a great night of food, dancing and a chance for you to strut your stuff with your favorite guy or gal. Details to follow.

Bay radiation therapist.

Needle aspiration of lumps and tumors was discussed by Small as a helpful form of cancer diagnosis but, according to Browning, "the new chemotherapy and/or hormonal treatment covered by Venook for stages one and two breast cancers were the developments of most interest [to the audience of health care professionals]."

Browning said the symposium accomplished its objectives. "There were over 100 people in attendance [from Oak Knoll] and East Bay hospitals," he said. "It was considered a very successful orientation and the kind of information disseminated was superb."

We Are Celebrating Joint Commission

(Adapted from a poem by an anonymous author)

When inspections go wrong, as they
sometimes will,
When the roads we're trudging seem
all uphill,
When the fund tickets are low
and the debts are high,
And we want to smile, but
have to sigh,
When JCAHO is pressing us down a bit,
rest if you must, but don't you quit!

Inspections are formidable
with their twists and turns,
As every one of us sometimes learns,
and many a person turns about
When they could have won had they
stuck it out.
Don't give up when the pace seems fast,
just hang in there, we can last.

Often the strugglers have given up
When they might have captured the
inspector's cup;
And they learned too late when the night
would reveal,
How close they came to the "golden seal."

Success is failure turned inside out,
So stick to the fight when we're
hardest hit.
It's when things seem worst that
we mustn't quit!

YNSN Robert B. Pierce
Publications and Directives



**DON'T FORGET
Your State Tax!**

7-South nurse wins thesis competition

By JO1 Dan B. Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — What started to be just a mere job for Navy

nurse Lieutenant Commander Linda M. Dunn has led to something beyond her wildest expectations, much to her delight!



LCDR Linda M. Dunn (right) discusses with LCDR Wendy W. Whitney daily operating procedures at Ward 7-South. (Photo by SN Mark T. Herrington.)

The thesis she wrote at the prodding of her supervisor, while employed on an educational grant by the American Cancer Society, won the title of best research paper during the recently concluded California State University, San Jose's, 11th Annual University Research Forum.

Dunn, a reservist currently drilling at Naval Hospital, Oakland, will now represent the university in the statewide competition sponsored by California State University, Sacramento.

"I still can't believe I won," said the nurse assigned to Ward 7-south. "I thought I was just going to write a thesis for my graduation. I never dreamt my thesis would get this attention."

"First it was just a job of collecting and compiling data about the effectiveness of a cancer and nutrition program designed for and implemented with Hispanic and Vietnamese communities in Santa Clara County," she added. "Then my boss suggested it was an excellent thesis to write about."

Dunn graduated from California State University, San Jose, last fall with a Masters degree in Public Health. Her thesis combines complex methodology, testing of new

culture-specific materials in three languages and implementation with extensive community collaboration. It was first judged the best thesis in the Applied Arts and Science Department, earning her a berth to compete in the university's best departmental thesis.

Scared to death

"I was scared to death when I gave my eight-minute presentation," said Dunn. "I was in competition with many smart students; I thought I've come this far and that's good enough for me. There were some presentations I thought did well."

Dunn joined the Navy in 1976 and stayed on active duty until 1984. She came in as a nurse from a veterans hospital in Temple, Texas.

"I wanted to be more than a nurse," said Dunn. "I wanted greater opportunity, more responsibility and challenge, and to travel. I figured out the Navy is the place to be."

At Ward 7-South, Dunn supervises the pre and post management of patients coming in for Reserve Weekend Surgery, a program in which reserve medical personnel 'take over' the ambulatory ward one Saturday a month.

But Dunn doesn't come to the ward only once a month. She's assigned there for 90 days as part of the Reservist Program of Active Duty for Special Work (ADSW), or what was formerly referred to as TEMAC (temporary active duty).

On the third Saturday of every month, the designated day for the Reserve weekend surgery at Oak Knoll, Dunn runs the ward and trains reserve nurses and corpsmen under the program.

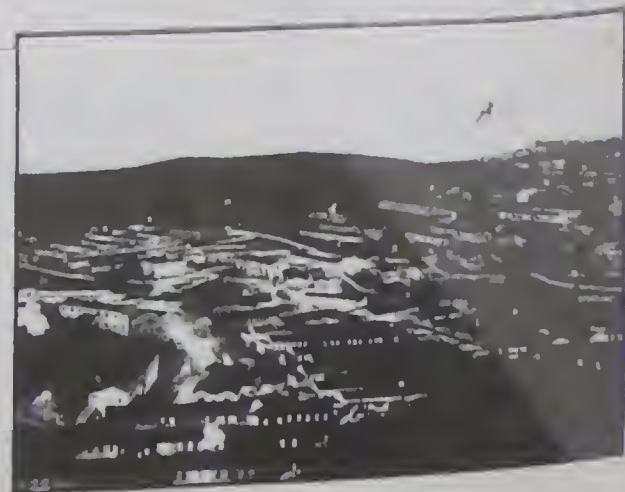
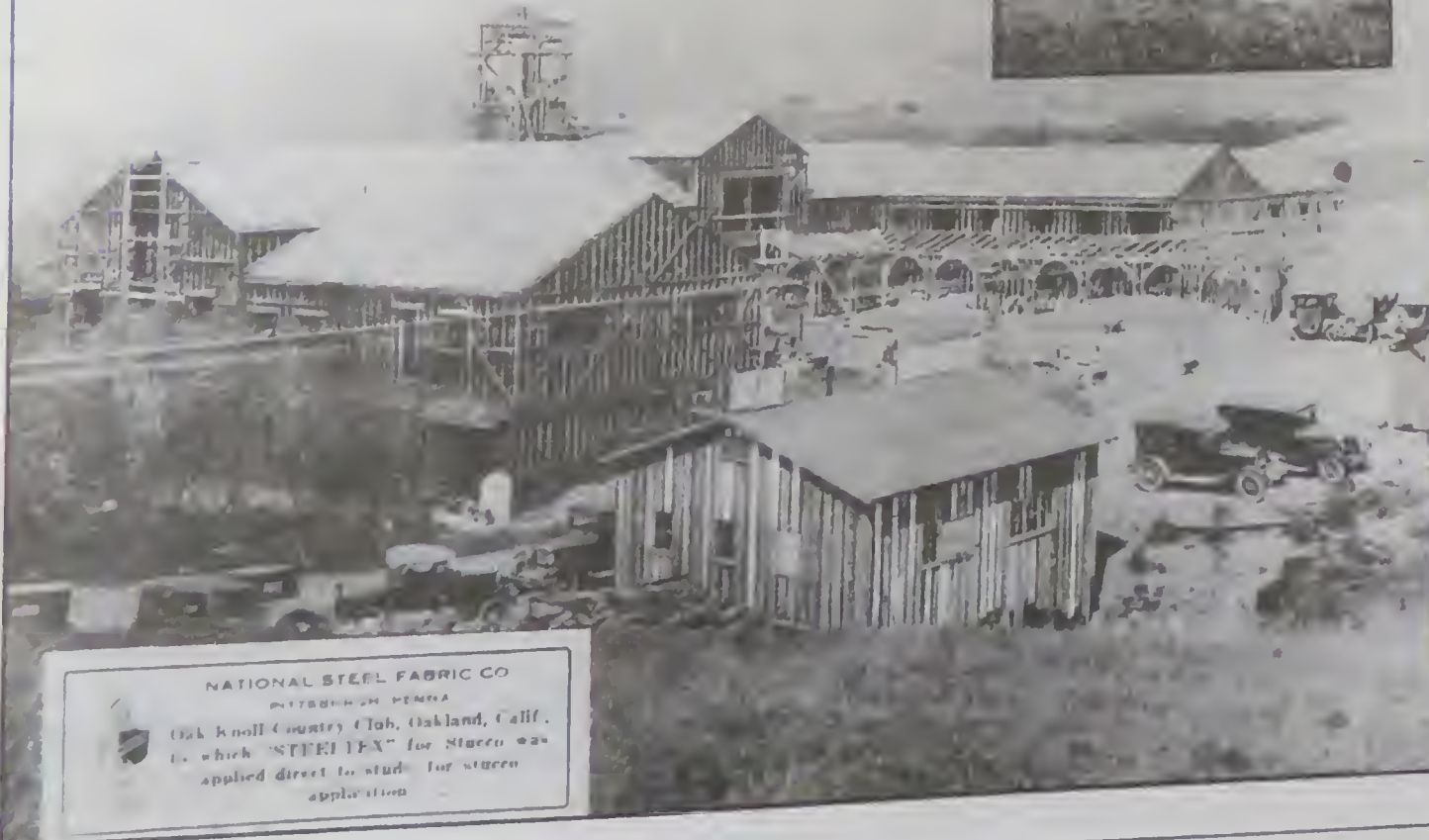
Exemplary teamwork

"It's been a real pleasure," said Dunn. "I enjoy the staff and I enjoy this kind of program. An exemplary teamwork between the nurses and corpsmen exists at 7-South."

"I'd like to get my 20 years in the reserves," she concluded. "I'd like to make commander. I'd like to still be a part of the Navy, while at the same time pursue my own personal goals. I'd like to be able to use my nursing skills and education to promote the preventive side of medicine, such as instructing people how to eat a good diet, encouraging people to take periodic health exams and increasing the quality of life through preventive medicine. I still have something to offer the Navy."

Historical Footnotes

Today's Consolidated Club as it was when under construction for a country club, long before the Navy purchased the property from Arthur D. King in 1942. Formerly known as the Old Rancho de San Antonio, the property was occupied in part by the Oak Knoll Golf and Country Club. It was one of the sites Admiral A. H. Dearing, Medical Corps, and Admiral E. U. Reed, Medical Corps, surveyed early in the winter of 1942 as a possible site for a prospective naval hospital. Other sites considered were the Phoebe Hearst Ranch in Pleasanton and the Veterans Hospital in Yountsville. The Oak Knoll property was finally considered to be the most conveniently located in the Bay Area. In the early years of the hospital, the Oak Knoll Country Club had served as the ship's service building, library, theater and recreation department. Below, Oak Knoll by night, circa 1950.



NATIONAL STEEL FABRIC CO.
PITTSBURGH, PENNA.

Oak Knoll Country Club, Oakland, Calif.
In which "STERIPEX" for Stucco was
applied direct to studs for stucco
application.

March 30, 1990

RWSP PAT Team
reports out

[Editor's Note: The Same Day Surgery Program (SDS) has been changed. To reflect its uniqueness, it is now called Reserve Weekend Surgery Program (RWSP.)]

By Commanders Janet L. Peterson and Randy J. Bohn, San Francisco Medical Command

The Reserve Weekend Surgery Program's (RWSP) process action team (PAT) was formed to evaluate both the current program and the possibility of expanding the services to include all weekends.

The Reserve Weekend Surgery Program's PAT provided the following findings and actions:

1. The admissions process has been streamlined for 7-South patients. The Patient Administration Department has an admissions clerk on duty beginning at 5:30 a.m. specifically to process admissions. These pre-admitted RWSP patients now report port directly to the ward. In addition, 7-South has expanded their operating hours to 8 p.m. (M-F).

2. New standard preoperative admission orders and postoperative orders are now in use. A comprehensive one-page patient chart has been developed for these short stay patients. All providers use this form for recording their notes.

3. NHO is to expand services by setting up its own AM Admission Unit for elective surgery. This special unit would complement the RWSP program on 7-South.

4. Presently Navy reservists are not able to staff a second weekend every month.

Commander Janet L. Peterson (special assistant for planning) was the team leader. Team members were: Captain Janiece S. Nolan, Commanders H. R. Bowman, and R. Price, Lieutenant Commander Gerald W. Anderson, Ensigns Kathleen V. Aldridge and Leslie K. Finley. Primary consultants were Captain John D. Bartlett, Lieutenant Commanders Elinor J. Spita, Wendy W. Whitney and Stephen M. Astrachan and Lieutenant Lee R. Ras.

Ras and others are working very hard to get Army and Air Force Reserves involved in the RWSP. The goal is to have surgery available 3 weekends per month, staffed by the reserves.

A Working Parent's Guide for Appropriate Call at Work

Many employers know that some personal calls are unavoidable and, if the privilege is not abused, even expected. Of course, employers are also concerned about an employee's attention to work. You can keep your employer happy, and help your children limit calls, by making sure your kids are clear about what is required of them. Here are some helpful guidelines to minimize unnecessary calls.

Check-In Calls

These types of calls are important for your peace of mind and for your children's safety. You can't be very productive if you are worrying about your kids. Identify the most convenient time of your business day to receive a brief check-in call and encourage your kids to respect this decision. You can then know precisely when the call will come, which will help you minimize disruptions.

Emergency Calls

True emergencies take priority over work in anybody's life. But beware of the false emergency. It can unnecessarily frighten you and perhaps seriously jeopardize your work. Make sure your children know what a real emergency is and discuss ways to handle various non-emergency situations by themselves. Have systems in place for your children to handle as many potential problems as possible without you.



For example, talk about what they should do if the dog runs away when they are not supposed to leave the house. Give them some alternatives to calling you at work. Perhaps a trusted neighbor or friend close by will agree

to be a backup if a situation like this occurs. Post a list of telephone numbers where children can easily find them.

Inappropriate Calls

The wrong kind of call can put a crimp in your work. Be clear about the types of calls you will not permit at the office. A discussion about dinner plans and clothing selections, for example, or attempts to resolve disputes should not be handled over the phone. Make some rules regarding these kinds of calls. Planning is the key.



- ① Plan menus and shop for the week on the weekends.
- ② Set aside a time in the evening to plan clothes for the next day.
- ③ If you want several chores accomplished after school, but anticipate a fuss, negotiate those problems ahead of time.
- ④ Make sure everyone knows the rules of the household. When you get home, ask about minor and major disputes. Listening to your children may tip you off to other potential disputes. Settle them ahead of time.

Explain why it's important that you are not to be bothered with unnecessary interruptions. Encourage your children to learn to take charge. They may even enjoy their freedom and feel empowered because you trust them with responsibility.



Oak Knoll's EMT best in the Navy

EMT training, according to Mueller, shouldn't take a back seat. It's one of the most important courses a corpsman should have under his or her belt, as she put it.

"Corpsmen are our frontline personnel in the battlefield," she said. "They're the ones who perform in the worst situations, especially those assigned with Marine battalion units and on board ships. Having the knowledge of EMT gives them the extra confidence. It makes their lives a lot easier."

The disastrous 7.1 earthquake that hit the Bay area last fall is a classic example of how the skills and operational readiness of

Mueller's students were tested. Her well-trained corpsmen and their Army counterparts rose to the occasion and were among the first medical personnel to arrive at the scene.

"That's gratifying to know," Mueller said. "It's my job to make sure they perform well out on the field."

Mueller invites corpsmen at the hospital who were involved in the Cypress extrication effort to her class so students can hear their experience.

Often Mueller encounters students in her class who were involved in real life combat situations — Grenada invasion, Lebanon, or the Vietnam conflict. They were teary-

Continued from front page

eyed during their graduation, she said, and were wondering why the Navy didn't teach the course before.

Standardization

Meanwhile, the Navy is in the process of standardizing the EMT course taught in naval hospitals throughout the country. HSETC officials have been looking for a model program, and have their eyes focused on Naval Hospital, Oakland. Hospital Corpsman 1st Class R. Gray of HSETC is scheduled to conduct a site visit to the hospital in June to gather more information.

"This recognition shows the effort the staff and I put into the training program," Mueller added.

Mueller's staff include Chief Hospital Corpsman Nina I. Connor, Hospital Corpsman 2nd Class Timothy W. Penninton, Hospital Corpsman 3rd Class Kimberly M. McClellan and Hospitalmen Bridget E. Blake and Kurt D. Buchholz. Her staff comes under the Life Support Division of the Education Department headed by Captain Pamela A. Murphy.

Worth Repeating

"It is a good answer that knows when to stop."

— Italian proverb

Dental Corner:

Hygiene appliances to the rescue

By CDR Gregory M. Horning, DDS, DC

Recently a wide variety of oral hygiene appliances have been advertised to be of special benefit in controlling periodontal disease, a major cause of tooth loss. What about these? Are they worth the cost of a hundred dollars or more?

In my opinion, the answer is yes. These new types of brushes or water sprays can be of significant help in certain cases; however, they are not for everyone.

To begin with, the purpose of oral hygiene in any form is to clean off the bacterial deposits that build up as a sticky film each day. If that is done effectively, both above the gumline and below, into the crevice where the gum folds up around the teeth, then toxins and acids produced by these bacteria will not cause inflammation. The gum will remain healthy and firmly attached to the teeth.

Escalating series

So, where do the different appliances or devices fit in?

I believe there should be an escalating series of devices to try. First, a plain soft toothbrush, when used **effectively**, can remove the bacteria from three of the five tooth surfaces. Dental floss, when used **properly**, can remove the bacteria from the remaining two surfaces. Therefore, if you are effective in using these two inexpensive devices, there is little need for anything else.

Interdental brush

However, if you have teeth which are hard to get to, areas where food gets packed in, deep crevices around the teeth, lower resistance to disease, or simply if regular brushing and flossing is too difficult or boring, it is worth trying something different.

Probably the next thing to try is an interdental brush. Shaped like a little Christmas tree on a handle, this brush is especially helpful for people with wider spaces between the teeth.

If that is still not enough, I often recommend buying one of the somewhat expensive new electric toothbrushes. Whether their action is rotary brushing (like the dentist's polishing cup), or brushing with bristles going in and out, these new devices have been shown in clinical trials to be more effective for most people than the basic devices just described. Perhaps most importantly, these are **fun to use**. It just makes sense that if it is fun, it will be used more often and for a longer period each time. This correlates directly to effectiveness, and that is the object of oral hygiene.

Proper usage

For people with lowered resistance, deeper crevices around the teeth or food impaction problems, water spray devices can be very helpful. These flush out bacterial toxins as well as food particles, and have been shown to reduce gum inflammation long-term. The water spray alone, however, does not remove the bacterial film. Friction with a brush, floss, gauze, or other object is necessary for that.

For individuals with very deep crevices around the teeth, mineralized bacterial deposits and bone loss, it must be emphasized that no home appliance available will be adequate, and professional care is required. If in doubt, see your dentist.

When used properly, any and all of the oral hygiene devices can be of great value in controlling periodontal disease. It is very important, however, to recognize the advantages and limitations of each, and select your devices carefully.

Dramatic weight loss

'There is help if you know where to look for it'

By Andree Marechal-Workman

Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — In less than six months, Mess Management Specialist 2nd Class Lawrence A. Sherman lost 92 pounds, and he feels as though he has a whole new lease on life.

"For the first time in my life I truly love being who I am," he said proudly, pointing to the baggy state of his size 36 uniform trousers that "should really be a 34" — a feat indeed for someone who wore a size 48 last September.

Emotional problems

Sherman hadn't liked himself much before that, he explained. He'd been overweight since before he joined the Navy at 18, went on diets that worked for a while but didn't last, used eating as a way to compensate for emotional problems and can't remember a time when he wasn't depressed and unhappy.

September 1989 was his moment of truth, and Hospital Corpsman 2nd Class Marvin J. Gribbins was his guardian angel. At physical

readiness test (PRT) time, he weighed 320 lbs, had a 52-inch waist line, a body fat content of 41% and couldn't take the PRT. His spirits were as low as they could be.

Gribbins, who is a PRT coordinator, helped by getting him into the Navy Alcohol Rehabilitation Center, an agency at Naval Air Station, Miramar, that treats food abuse as well as alcohol disorders, Sherman said.

Miracle

And this is where the miracle happened.

"They introduced me to a way of taking care of the [emotional] problems I was dealing with," he explained. "They taught me how to compensate for such feelings as anger, depression and despair by talking about them with other people who share the same experiences."

During treatment, Sherman also learned about the pitfalls of addiction to such foods as sugar and white starches and the way they can affect behavior, pointing out that he'd "never known until now what it is to eat one piece of candy, or one cookie, or realized that sugar



Rear Admiral David M. Lichtman presents MS2 Larry Sherman a letter of commendation for his remarkable weight loss. (Photo by SN Mark T. Herrington)

is as addictive as drugs and alcohol."

Help is available

Sherman does not have any advice for his fellow overeaters because he does not believe people take advice. "They have to be shown" is his credo.

But he does have a message for those who want to quit eating and think they can't — "No one should lose heart, there's hope and help out there because I found it."

'Bunny Run' scheduled April 14

NAVAL HOSPITAL, OAKLAND — The Easter Bunny wants to get a head start on the egg hunt this year and is asking Oak Knoll's toddlers, teenagers and all "the kids" from 18 to 36 and over to join him in a "Bunny Run" on April 14.

Sponsored by the command and held on the hospital compound, the run will start at 8:30 a.m., in the parking lot adjacent to the tennis courts.

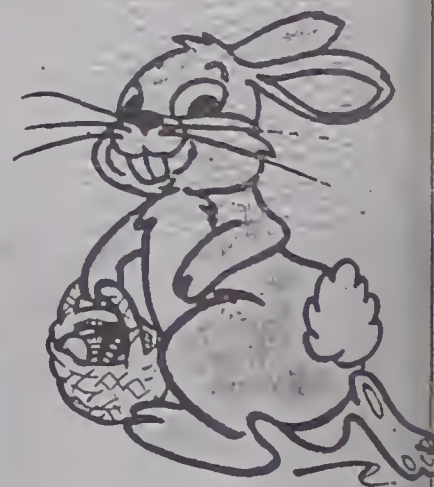
To make sure everyone gets a fair

chance, the run is divided into three categories: 17 and under; 18 to 35; 36 and over. Trophies will be awarded to first and second place in all three categories.

An entry fee of \$6.00 will guarantee free t-shirts for all participants and trophies for the winners.

Preregistration is advised, but entrants may register at the starting point on race day.

For further information, don't call the



Easter Bunny; that's been delegated to HM2 Conetto at 633-5794 and HM1 Findley at 633-5067 as points of contact for the event.

From the Executive Officer Continued from page 2

Two other PAT teams will report out soon. One headed by Lieutenant Commander Dave Bates is looking at the hospital's appointment system. The other, headed by Captain Van Meter, has ex-

plored the possibility of accepting some pediatrics patients from Children's Hospital, Oakland.

Much thought and creativity went into formulating the

improvements we have seen so far. We are most appreciative of all who have participated in these Process Action Teams and salute you with a most deserved "Bravo Zulu!"

March 30, 1990

Red Rover

People, Places and Events...



Laster promoted

Lieutenant Junior Grade Jesse L. Laster beams with pride while Commander Mary E. Quinn (left) and Lieutenant Albert T. Twocrow pin his new shoulder boards. Laster, who was promoted to his present rank recently, is a staff nurse assigned to the Intensive Care Unit where he takes care of patients who are very ill and on special medication. (Photo by JO1 Dan B. Gulam)



Jordan retires from federal service

Shirley D. Jordan is congratulated by Rear Admiral David M. Lichtman, Oak Knoll's commanding officer, during her retirement ceremony. She also received a Letter of Commendation in testimony of her faithful service as a secretary in the Management Information Department. Her citation reads in part, "Your organizational skills were essential in maintaining accurate and complete departmental archives, thus facilitating the frequent research efforts of the staff and saving valuable time in responding to customer requests." (Photo by JO1 Dan B. Gulam)



Haradon moves up

Lieutenant Junior Grade GERALYN A. Haradon is sworn in to her current rank by Rear Admiral David M. Lichtman, commanding officer, Naval Hospital, Oakland. The fiscal officer for program group three was promoted recently. On the job, she is responsible for the management of financial resources for various directorates in the hospital. (Photo by JO1 Dan B. Gulam)

By LT Gerri-Lynn F. Ricciardi, R.D.
Head Clinical Nutrition
Division
Food Management
Department

NAVAL HOSPITAL, OAKLAND — Do you find yourself being asked, "Do you know your cholesterol level" almost as frequently as you're asked your name? As annoying as it may seem, it is for a good cause. Screening serum lipids is recommended for all adults in an effort to identify those who are at risk for cardiovascular disease. The goal should be to know your serum lipids level, (cholesterol), triglycerides and high density lipoprotein (HDL) just as you know your blood pressure.

Modifications

Dietary modifications will help lessen cardiovascular risk and should be the primary focus in the management of hypercholesterolemia (elevated cholesterol) rather than pharmacologic (use of drugs). Cholesterol reducing drugs should be considered only when reasonable attempts have been made to obtain satisfactory results with non-drug methods.

How much fat should you eat? Ask a dietitian and he/she'll give you the following

uncategorical ratios:

For 1,500 calories, 50 grams; for 2,000 calories, 67 grams; for 2,500 calories, 83 grams.; for 3,000 calories, 100 grams.

In other words, reduce your fat intake to 30% of your total calories. And of those 30% fat calories, the distribution should be 10% saturated, 10% monounsaturated and 10% polyunsaturated. Dietary cholesterol should be reduced to no more than 250-300 milligrams a day.

Low cholesterol

The problem that confronts many people is how to translate recommendations for a reduced-cholesterol, reduced-fat diet, into a shopping list and menu for themselves and their families.

Here are some quick and easy tips to help you pick and prepare foods lower in saturated fat and cholesterol:

- Use soft tub margarines, which are higher in polyunsaturated fats than hardened ones. Remember to read the label and choose the one with a ratio of polyunsaturated fats to saturated fats of 2:1 or better.

- Use skim milk instead of whole milk.

- Buy lean grades of meat and trim visible fat. Avoid

organ meats, such as liver, brain, kidney and heart, which contain high levels of cholesterol.

- Broil, bake or roast meat, fish and poultry instead of pan-frying or deep-fat frying. Basting with wine, broth, lemon or tomato juice will prevent drying and give good flavor.

- Eat more fish, skinless poultry and dried peas, beans and lentils.

- Use low-fat yogurt as a substitute for sour cream in salad dressings or dips.

- Substitute sherbet, ice milk, or non-fat frozen yogurt for ice cream.

- Substitute whole eggs with egg whites or egg beaters.

- Reduce the amount of fat in recipes by a third to a half. If you use commercial cake mixes, buy those to which you add the fat or oil. Use a polyunsaturated oil and reduce the amount by a third, while increasing the water. For example, if the recipe calls for three tablespoons of oil, use only two, but add an extra tablespoon of water.

- Eliminate baked goods made with lard, coconut oil, palm kernel oil or shortening and those deep fried in fat,

See page 8

Kudos

Navy Commendation Medal:

CAPT Roger F. Espiritu
UCSF

LT Brian W. Posey ...Contingency OPS

Navy Achievement Medal:

LT Craig S. Anderson
SFMC MEDICAL CONST
LT James W. Mitchell ..MID
HM1 Myrna T. Catubay LAB

HM1 Edgardo A. Eguia
PHARMACY

Good Conduct Fifth Award:

HMC Karen J. Delisle...OOD
DESK
DT1 Gilberto N. Nepomuceno
DENTAL

Good Conduct Forth Award:

HM2 Timothy W. Pennington
CMD ED

Good Conduct Third Award:

HM1 Kevin D. LautenschlagerMED REP

Good Conduct First Award:

HM2 William R. Rosenberg
LAB
HM3 Jose R. V. Armonio
NEUROLOGY
HM3 Patrick G. GuidaER
HM3 Raymond Thornton
OPHTHALMOLOGY

Hails and Farewells

Arrivals

LCDR Linda M. Dunn
LCDR Robert H. Feagle
LCDR Gregory L. Groeneveld
LCDR Franklin S. Nelson
LT David W. Manaway
LT Mary J. Ramsey
HMC Ruben M. Llagas
SKC Lauifi P. Tauliili
PC1 Robert M. Medina
HM1 Virgilio H. Torado
FC2 Timothy McCorkill
HM2 Allen O. Vintola
ABH3 Buenaflor F. Balolong
HM3 Paul J. Bowers
MS3 Robert P. Bueno
HM3 Ralph G. Constantino
HM3 Richard L. Coons
HM3 Timothy Hawkins
HM3 William D. Honaker

SK3 Corrine M. Huffman
HM3 Gary L. Jacobsen
HM3 Paul L. Lucia
YN3 Antonio Ozuna Jr.
HM3 Paul Norman C. Reyes
HM3 Nazarene E. Sazon
HM3 Joshma L. Umholtz
HM3 Tommy J. Vedilago
MS3 Pacito W. Villanueva
MS3 John L. Walton
SN Larry Barmlett Jr.
SN Eric M. Jaskula
HN Dorothy C. Paderanga
SA Joseph A. Bray
HA Eva M. Herren
HA Laura A. Neville
HA Donald C. Simon
SKSA Nichole McKenzie
HR Min S. Kim
HR Amy A. Klepinger

HR Rebekah L. Parker
HR Waldo G. Roberts
HR Dawn M. Schaffhouser

Departures

GMGC James Quinn
HM1 Martin Carongcong
DT2 Frederic Aquino
ABH2 Duane Wells
HM3 Christopher Buzan
ABE3 Arthur Phillips
HM3 Arno Pineda
HA Teresa Glenn
HA John Jefferies
HN Ronald King
DN Christine Martinez
DN Debra Mgbam
HR Lisa Randall

Ethical behavior is a must

By LT Karla M. Seyb-Stockton, CHC, USNR
Pastoral Care Department

There has been a lot of attention given lately to the dealings of public and political figures, both here in California and across the country. The ethics of their behavior has been at the center of our scrutiny. The public expects, and rightly so, the highest of standards from their elected officials. The problem is, that same public DOES NOT expect the highest standards from itself. We are a public who will fudge on our income taxes if given half a chance. We are a public who will try to argue our way out of a ticket when picked up for speeding.

This nation has many a problem — from drugs, to poor education, to homelessness and then some. None of them have simple solutions,

but the solutions begin with each one of us. We take a step in the right direction if, together, we raise our individual personal standards to reach for excellence in all we do.

Leonard Wagner wrote an essay on what kind of man he'd like to be. Some of the traits he listed pertain not only to manhood, but to anyone who would like to make a difference in our world or in our country.

This country needs citizens as well as leaders who cannot be bought, who put character above wealth, who will be honest in the least of things as well as in the greatest, whose ambitions are not confined to their own selfish desires, who do not believe that shrewdness and cunning are the best qualities for success and who are not ashamed to stand up for the truth, even when it is

unpopular.

There are none of us alive that can ever live wholly ethical lives, but that does not mean there can't be progress made in the lives we do live. We can always become more ethically aware than we are now. We are on a worthy cause when we spend time on self-examination with an eye toward self-improvement.

Good traits

The traits listed above are the traits of good citizenship: civic and personal pride. These are the traits that can accomplish great things even in small places. Since our actions are the visible statements of our beliefs, these are the traits that shout to all the world, "I believe in dignity and justice for all. I believe that there is hope for tomorrow. I believe, O Lord, I believe!"

Cholesterol

Continued from page 6

such as doughnuts.

- Instead of two-crust pies, serve single crust (open-face) pies.

- Use non-fat or low-fat milk in coffee. Non-dairy creamers are generally high in saturated fats or hydrogenated fats.

- Use herbs or herb-flavored croutons to flavor soups and salads.

- Make your own toppings with non-fat dried milk, or use a yogurt, tofu, or fruit topping.

- Use low-fat cheeses such as part skim mozzarella and ricotta in place of regular varieties, but read the label for fat content.

- Make your own bread-ing with plain bread crumbs. Coat food with crumbs after dipping in skim milk and egg whites or egg beaters.

- Instead of using oil or fat, spray popcorn lightly with a non-stick vegetable coating and then sprinkle with chili powder or cinnamon.

- Use a non-stick pan and vegetable oil pan coating (PAM) instead of butter, margarine or oil when sauteing or frying foods.

- Read labels for terms that reveal the presence of cholesterol or saturated fat — for example, egg and egg-yolk solids; whole-milk solids; palm, palm kernel or coconut oils; milk chocolate; shortening; hydrogenated or hardened oils; lard; butter and suet. Limit goods which have

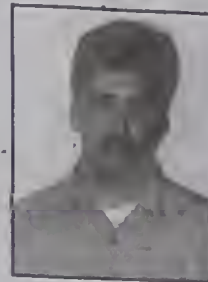
Talking Points

Today is the day you will accomplish one thing that has been on your "to do" list for ages. What is it?

By SN Mark T. Herrington

PC3 Larry E. Rains, Mail Room, NHO

"...to clean my spare bedroom and my old bill boxes because they both have collected dust for the past two years."



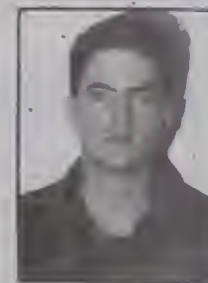
CDR Greg Gibbons, Ops Management, NHO

"...to finish developing a real estate investment; i.e. install plumbing."



YN3 Mike Teppner, Security, NHO

"...to fix the right speaker in my Porsche."



HMCS Clifton Carter, Nursing Services, NHO

"...to start cleaning my garage; that has been on my list for the past four months."



HM3 Carl A. Primus, Nursing Services, NHO

"...to plan the road to my retirement and to update my kitchen."



Sports Round-up

Naval Hospital, Oakland Intramural Standings Chart of Games Played through March 5, 1990.

Volleyball

Team	Wins	Losses	Percent
USNS Mercy	14	1	.933
Pharmacy	12	1	.923
Side Out	10	3	.769
PT	9	4	.692
OR	5	5	.500
Spikers	6	8	.429
CPO	4	11	.267
OB/GYN	2	12	.143

Intramural Basketball Final Standings

Team	Wins	Losses
Terminators	10	2
Untouchables	9	3
Just Do It	6	4
Ortho	4	6
ND	3	7
Fil/Ams	1	9

CPSC track and field set

MARE ISLAND NAVAL SHIPYARD, VALLEJO, CA.

— The regional championships for the Central Pacific Sports Conference on track and field will take place on May 5 at Vallejo High School starting at 1:00 p.m.

Women's events will be 100, 200, 400, 800, 1500 and 5000 meters, 400 meter relay, shot put, long jump and discus.

Men's events will be 100, 200, 400, 800, 1500 and 5000 meters; 110 meter low hurdles, and the 400 and 1600 meter relay.

Field events for men will include javelin, high jump,

shot put, long jump, triple jump, discus and pole vault.

Hospital staff members interested in participating in any of the events should contact Ron Brown of Special Services at ext. 3 6016 as soon as possible.

Organizers of the championships said a command may enter three participants in each event except the relays, which is limited to one entry each. A participant may enter any three events plus the relays. In addition, according to them, participants must provide their own equipment (i.e. shot put, javelin, discus, pole vault, relay baton).

these ingredients.

Last but not least a registered dietitian (the nutrition expert) from the Food Management Department at Oak Knoll Hospital can help you to understand your dietary restrictions. A "Cardiac Risk Reduction Class" is offered

weekly. A movie and slides are shown to help illustrate the information, and written guidelines are provided for you to take home. If you are interested in setting up an appointment, please phone 633-5820 during regular duty hours.

Visiting Surgeon's Continued from page 3

culty seeking our care because of disabilities to be seen by a primary screening physician in their area.

"With the innovative technique of having the surgeon visit the outlying clinics, patients will be seen by the primary screening physician on a local level and then referred to the surgeon at NHO directly. This will promote needed hospitalization in a more expedient fashion."

Along with Bartlett, the directors of medical services and ancillary services, Cap-

tains Robert R. Abbe, MC, and Stephen R. Veach, MC, are the strength behind the program. These key NHO members have or will visit all nine of the hospital's subordinate commands and assess the needs of the clinics.

"The team has concluded that the main activity lies with Moffett and Mare Island based on clinics size and primary care staff," pointed out Bartlett. "However, the services will be expanded as needed."

RED ROVER



Volume 2, Number 8

Naval Hospital, Oakland 94627-5000

April 13, 1990

NHO kicks off savings bonds campaign

By JO2 Tami S. Begasse
Photojournalist

On Sept. 13, 1789, Alexander J. Hamilton signed the first savings bond ever issued by the Treasury of the United States. It was a \$20,000 bond loaned to the federal government.

In 1879, Uncle Sam approved the sale of the \$10 Postal Savings System bonds available at any post office.

World War I brought Liberty bonds and World War II brought Payroll Savings.

Today, Uncle Sam sells

U.S. Savings Bonds. Now you can participate in a tradition that began almost 200 years ago during this year's national campaign scheduled from mid-April to May.

This year's theme is "U.S. Savings Bonds, The Main Street of the American Dream."

"One big reason why people should buy savings bonds is they are primarily oriented for their financial security," said Lieutenant Commander Laszlo I. Navradzsky, this year's campaign coordinator and neu-



LCDR Laszlo I. Navradzsky explains to a corpsman the importance of investing in U.S. Savings bonds. The neuropsychologist is this year's savings bonds coordinator. He points out that there's no easier way to save than to buy bonds through the payroll savings plan.

ropsychologist at Naval Hospital, Oakland's Mental Health Department. "They're one of the safest investments, which in the long run, produce the most benefits."

Many advantages

Investing in savings bonds is a convenient and very secure way to save money with many advantages.

You can establish a steady savings plan by contacting your department savings bond canvasser, any issuing agent, Federal Reserve Bank or the Department of Treasury to arrange an automatic payroll deduction toward the purchase of bonds. You can also purchase bonds over-the-counter for cash at most banks and savings and loan associations.

For as little as \$25 a month, you can invest in Series EE Bonds that will mature to twice their value five years after purchase date.

Not only is this method of saving easy, it's guaranteed by the United States.

If a bond is lost, stolen, mutilated or destroyed, it will be replaced free of charge. The only thing required is that a notification be placed with the Bureau of the Public Debt, in Parkersbury, West Va.

Along with the security factors, there are many solid advantages to U.S. Savings Bonds.

"Interest starts from the moment you buy them," explained Navradzsky.

Semiannual

The market-based rate formula sets interest yields on Series EE and outstanding Series E Bonds (issued after October 1947) and U.S. Savings Notes (Freedom Shares) held five years or longer after November 1982. Market-based rates are set semiannually, in May and November, and bonds held five years or longer receive the average of these rates rounded to the nearest quarter percent and compound semiannually. That means, your bond purchased for \$50 will be worth \$100 if held for

five years. Bonds held less than five years earn interest on a fixed, graduated scale, based on information published by the Department of the Treasury.

"There is a tremendous tax break," explained Navradzsky. "You don't pay the tax or interest until you cash

***'It's your future.
It's America's future!'***

***—LCDR L.I.
Navradzsky***

Support the health care cause of paralyzed American veterans

For more, see page 4



(Photo by JO1 Dan B. Gulam)

the savings bonds."

Bonds can be redeemed any time after six months from the issue date. However, for long-term benefits, bonds should be held for at least five years to ensure maturity.

Remember every dollar you invest in U.S. Savings Bonds is guaranteed safe, replaced if stolen or destroyed, and the dollars earn no less than six percent interest.

Through Alexander J. Hamilton's foresight, we too can participate in a rich tradition of savings.

"It's your future. It's America's future — be patriotic while at the same time enriching your financial security," Navradzsky said. "Invest in U.S. Savings Bonds!"

Editor's note: For more information about U.S. Savings Bonds contact your departmental canvasser or NHO's Savings Bond Coordinator, LCDR L. I. Navradzsky at 633-5417. Watch for a notice in the plan of the day announcing a visit from a Treasury Department representative to describe the benefits of U.S. Savings Bonds in detail.

IRC provides computer services

By Andree Marechal-Workman

Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — The Information Resource Center (IRC) is Oak Knoll's best kept secret. Once you learn about the services they offer, you'll be glad you did.

A subdivision of the Management Information Department (MID), IRC is a two-person operation staffed by computer specialists Jim Brackman and Chief Hospital Corpsman Gerald L. Simpson. It provides support for the hospital and its subordinate organizations through computer training and customer service.

Training is handled through classes and in-house use of such equipment as laser printers and scanners. Customer service takes the form of trouble shooting (by personal calls or over the phone) for hardware and software problems.

The Center averages three classes a week on different topics and provides a Hot Line (#3-5835) for people who need help when their systems break down.

Although their curriculum is not quite finalized as of this writing, the dynamic team is planning a range of classes similar to that offered by the Navy Regional Data Automation Center, San Francisco (NARDAC), but at no cost to the customer —

quite a saving when you consider that departments have to pay for NARDAC's training out of their budget.

"We are still devising lesson plans for Harvard Graphics and Ventura softwares," Simpson explained. "We've already started classes in Introduction to Microcomputers, all facets of Enable and Word Perfect 5.0 Desk Top Publishing."

However, because of the complexities involved, they like to restrict computer graphics and desk top publishing classes to no more than three students, the IRC specialists added, pointing out that before contemplating NARDAC for training, people should check to see what's available on base.

All you have to do is call IRC at 3-5835, state your needs, and classes will be scheduled according to demand and availability. In fact, call any time for more information and watch subsequent issues of the Red Rover for class schedules and helpful instructions based upon questions most often asked during a particular period.

By the way, you might want to visit IRC and see what equipment is available to you. It is located in Building 67-B, between the Library/Naval School of Health Sciences and the Dental Annex buildings.

Attention: Red Rover contributors

Do yourself and your friendly editor a favor! Send us the floppy discs on which you type your stories in addition to the hard copies. Because the editorial staff works under pressure of deadlines, this will help the proofreader make the appropriate stylistic changes without having to retype the entire text.

It will also increase the odds of your story being pub-

lished in a timely manner, since it takes only a few minutes to enter and print the corrected copy directly on the computer.

We prefer Enable. Please call if you have any questions.

Point of contact for further information is Andree Marechal-Workman at AV 828-6147 or COMM (415) 633-6147.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

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	SN Mark Herrington

Take heed: Viral flu is going around

By LT R. Neuman, MSC
Branch Medical Clinic,
Moffett Field

MOFFETT FIELD, CALIF. — It seems that most of us have battled one of the various forms of the flu in recent months.

Although many different versions are possible, most of the flu attacks start with nasal congestion, ear fullness, post-nasal drip, sore throat and muscle aches — usually followed several days later with a dry, irritating cough and chest congestion. A low to moderate grade fever of up to 102 F frequently accompanies these symptoms. Occasionally, stomach problems are also present, including nausea, vomiting, diarrhea and mild abdominal cramping.

Symptoms

All of these symptoms are usually the result of a viral infection passed from person to person by small droplets in the air produced by sneezing or coughing. It takes several days before signs of the infection begin to appear. The viral infection usually passes in three to seven days, occasionally leaving a dry cough which will persistently hang on but will diminish over the next seven to ten days.

Treatment is usually comfort and support until the viral infection is resolved. In order to avoid dehydration, it is important to drink a lot of water, light juices and sodas.

Self-limited

When nausea, vomiting or diarrhea occur, limit food intake to clear liquids until these symptoms are gone. Then, slowly add solids back into the diet. Over-the-counter decongestants and pain relievers, taken as directed, are also helpful.

In certain instances, it is important to see a doctor. Examples include, but are not limited to, the following: fever greater than 102 F, sinus pain, persistent sore throat, neck stiffness, productive cough, blood in vomit or stool, moderate or severe abdominal pain.

Remember, these infections are usually self-limited. Use the above information and suggestions to overcome some of the discomforts of the viral flu.

From the Commanding Officer RADM David M. Lichtman



You responded magnificently when the earthquake hit last October. Because we had a plan — one that had been tested out in a major drill last April — you knew what to do and you did it with the tremendous dedication and ability that is the proud tradition of Navy medicine.

We were fortunate in October because the hospital itself sustained no major damage and we were able to use the earthquake experience as a way to refine our plan to meet any future crisis. This month — on Thursday, April 19 — we have an opportunity to improve our preparedness once again when we participate in our annual earthquake/disaster drill with other medical agencies in the Bay Area.

Because of last year's drill, and with the help of lessons learned in October, our people who specialize in dis-

aster preparedness have made some excellent modifications to our plan. For example, each department now has its own standard operating procedures and coordinates its own part in the drill. Dividing the process into more manageable pieces makes the overall plan easier to modify and also makes it more feasible for someone to step in if a particular player is not able to get to the hospital to fill their role.

You did a great job last year when the real thing hit. This year our drill will include several additional agencies — Alameda, Contra Costa and Solano counties — as well as seven civilian hospitals. There also will be much more media attention. Let's really put ourselves into this one and set the example for excellence as you did last October. CHARLIE GOLF ONE!

Share your compassion

ATLANTA, GA. — There is an 11 year old boy who is dying of a brain tumor. His only wish is to make the Guinness Book of Records for the most "get well" cards anyone ever received. Please take a few minutes of your time and make his wish come true — send a card.

Address your cards to: Craig Shergold, c/o Children's Wish Foundation, 32 Primeter Center East, Suite 100, Atlanta, GA 30346-1901.

Help available at Navy Relief

NAVAL AIR STATION, ALAMEDA — At the annual board meeting of East San Francisco Bay Auxiliary (ESFB) of Navy Relief Society, Rear Admiral John W. Bitoff presiding, Executive Director Margaret E. Kirkland reported that 2,739 persons were assisted financially with no-interest loans, for a total of \$1,323,713. An additional 336 were assisted with outright grants totaling \$111,178. Navy and Marine personnel and their dependents are eligible for the Society's assistance when

emergency financial needs exist. Such needs as emergency travel, funeral expense, medical/dental costs, initial cost of rentals, unexpected pay problems, or emergency vehicle repairs are but a few of the many requests that Navy Relief Society answers.

The ESFB's main office is located at Naval Air Station, Alameda, with branch offices in (California) Ferndale, Treasure Island, Moffett Field, Monterey and Naval Hospital, Oakland (NHO).

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April 13, 1990

Red Rover

First allergy/clinical immunology course at Oak Knoll praised by students

By JO1 Dan B. Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — "It's a very valuable course that will ultimately benefit our patients."

"The course should be expanded and continued not only for the hospital and its branch clinics, but throughout the Navy's Medical Department as well."

dures for matching vials with immootherapy schedules. Reid is the head of the Allergy Division at Oak Knoll, while Lin is the head of the Immunization Division.

Hospital Corpsman 2nd Class Dionysius A. Nicholas, the hospital's first allergy/immunology technician, also taught certain segments of the course. In addition to

shared Moore's views, adding, "It gives you a lot of background on how to prepare immootherapy and how to deal with allergic reactions, among other things. I'm ready to apply what I learned here."

According to Moore, having the knowledge of the course will tremendously help corpsmen and LVNs in



Graduates of the hospital's first Allergy/Clinical Immunology Basic Course pose for a souvenir photo. First Row (left to right): CAPT Michael J. Reed, primary instructor; CAPT Fang L.H. Lin, primary instructor; Ruth Ball. Second Row: Renaldo Browne, Murielene Stewart, Lewis D. Pugh, HMC Maria D. Moore, Lydia M. Torres, and CAPT Stephen R. Veach, head of Internal Medicine Department. Third Row: HN John B. Regacho, HA James Clothier, HN Paul Modrell and HM2 Dionysius Nicholas, instructor and coordinator. (Photo by SN Mark T. Herrington)

"Allergic reactions can happen suddenly, and having the knowledge of the course will enable me to respond promptly and efficiently to whatever the situation is."

These are comments from the first batch of students who recently graduated from the hospital's Allergy/Clinical Immunology Basic Training designed for hospital corpsmen and licensed vocational nurses (LVN) in immunization clinics. The week-long class was aimed at providing basic education about allergy, allergic reactions, skin testing, anaphylaxis, anergy panel, nasal smear and the pulmonary function test.

Instructors

Captains Michael J. Reid and Fang L.H. Lin served as the primary instructors for the course that also taught students about proper technical administration of immootherapy and correct proce-

instructor duties, the leading petty officer of Surgery, Cardiology and Immunization Clinics coordinated the course preparation with the Command Staff Education, including the logistics side.

Expansion sought

The first students had nothing but praise for the important subjects they learned.

"We learned a lot from the course because of the staff's enthusiasm," said Chief Hospital Corpsman Maria D. Moore, the senior medical representative at Centerville Beach Clinic. "A lot of dedication was evident in the preparation of the training. It has increased my knowledge in administering allergy immunization. The course should continue and everyone should take advantage of it."

Hospitalman Apprentice James Clothier of Branch Medical Clinic, Moffett Field,

the immunization clinic to treat patients in a timely manner — providing them with the necessary medical attention right on the spot, instead of sending them to specialists at Oak Knoll or having the specialist come over to the clinic.

"It saves a lot of time, effort and money," said Clothier. "Here at Moffett Field, we average between 20 to 30 immunizations a day, including treatment of allergies."

Practical application

The practical application of the course is the phase students liked best.

"It provided us the opportunity to practice on problems that are not encountered on a daily basis, thus preparing us for the unexpected," said Moore. "I'd like to see more on the practical side if there's going to be another class."

Federal Corner:

Basic supervision course offered

By Sydney Santos

Civilian Personnel Department

NAVAL HOSPITAL, OAKLAND — A course in basic supervisory development will be offered April 23-27 (24 hours). This is a required course for all personnel who supervise civilian employees. Subjects to be covered include classification, recruitment, discipline, labor relations, training, safety, performance management, equal employment opportunity and other related subjects. Supervisors — **military and civilians** — who have not had this training should be nominated to attend. Supervisors who would like to update their training in these areas are welcome.

'Forge ahead for a better future'

By Andree Marechal-Workman

Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — Women have come a long way but haven't gone far enough, said California's Secretary of State, March Fong Eu, when she spoke at Oak Knoll Hospital during its celebration of Women's History Month on March 20th.

The best way to improve their mileage, she added, is to forget the past and forge ahead — not as women, but as part of the greater picture of a society that includes men and women of all color and ethnic heritage.

"Women today can shape their future individually and collectively in what is large and small," she pointed out. "We can help to make a difference for women and for our sons and daughters . . . the future is ours for the taking — not as women, but as Americans of both genders."

Members of the audience echoed Eu's sentiments. Speaking for military women,

Commander Roberta L. Price, Nurse Corps, department head of the Surgical Alcohol Rehabilitation Department, had this to say on the subject:

"When I listen to my civilian counterparts, I appreciate how much progress we have made. However, whenever considering equality, we must always be aware on what basis we make interpretations and judgments of people, because complacency will only cause us to take steps backward."

Edna M. Walton, who is a personnel staffing specialist for the hospital, believes that today's women are given more respect and are more recognized for their abilities. "There is no limit to how far we can go," she said, cautioning, however, that "we need to be more forceful and support each other more in our efforts at total equality."

A former resident of Skyline Drive and a charter PTA president of nearby Charles P. Howard Elementary

See page 7



Secretary of State March Fong Eu (right, foreground) takes a break from her busy schedule to lunch with staff at Naval Hospital, Oakland. From left, Andree Marechal-Workman, PN2 Gigi Chia, MC, of the Eye Clinic, LT Velda R. Holthus, MSC, of the Budget Division and CAPT Maria K. Carroll, director for Nursing Services. (Official Navy photo).



World War II

Photos needed to dramatize PVA's quest for adequate health care services

WASHINGTON, D.C. — "In light of recent military events in Panama, the Paralyzed Veterans of America's (PVA) national program to honor America's veterans has taken on even greater meaning," said R. Jack Powell, executive director of the veteran's organization.

On Veterans Day 1989, PVA announced plans to establish a permanent photo exhibit to honor all veterans.

"Many Americans are not aware of the continuing battle veterans are fighting — especially veterans who count on the Department of Veterans Affairs for needed health care services," Powell added. "As a result of fighting in Panama, many more

men and women will be added to the ranks of brave Americans who fought and sacrificed for our country and now are in need of continuing medical care."

Between now and Veterans Day 1990, PVA is asking Americans to send in photos of themselves, a relative or a friend taken during their military service. Photos may depict any period of active duty service.

Photos chosen from the collection by a panel of judges will be presented to President Bush on Veterans Day.

"We will tell President Bush that the American people are behind our veterans and their struggle to get adequate health care promised them by a grateful na-

tion," Powell added.

During 1991, PVA will tour the exhibit across America.

Photos can be mailed to: "American Portraits: America's Veterans," Paralyzed Veterans of America, 801 - 18th Street Northwest, Washington, D.C. 20006.

All photos received become the property of PVA and will not be returned.

The Paralyzed Veterans of America, a veterans' service organization chartered by Congress, has for more than 40 years served the needs of its members, all of whom have catastrophic paralysis caused by spinal cord injury or disease. PVA is funded by private donations, and neither seeks nor receives government funds.



PEACETIME A sailor from the frigate USS Rentz befriends a Chinese boy. The ship made a port visit in Quing Dao, People's Republic of China in 1986, the first for the Americans since 1948. (Photo by JO1 Dan B. Gulam)



Vietnam conflict

Naval aviators took time out for a souvenir shot before launching a mission. (Photo by Pacific Stars and Stripes)



PEACETIME American sailors aboard a cruiser greet their Australian counterparts (foreground) during a joint exercise in the Pacific Ocean. (Photo by JO1 Dan B. Gulam)

Help available at Navy Relief continued from page 2

Fallon in Nevada and on six ships homeported in Alameda.

Begun by volunteers 86 years ago, Navy Relief still relies heavily on volunteers to bring its services to Navy/

Marine communities around the world. Volunteer chairperson, Marianne Roser, reported that 9,122 volunteer hours were donated by ESFB in 1989.

Funding for this private, non-profit agency comes prin-

cipally from active duty Navy and Marine personnel's annual fund raising drive. Contributions to ESFB totaled \$420,000 in 1989. Worldwide contributions amounted to \$14,000,000 and direct financial aid to over \$32,000,000.

The Society is recognized by the U.S. Navy and Marine Corps as a vital link in "helping the Navy take care of its own."

For further information, call NHO's Navy Relief rep-

resentative, Religious Program Specialist 3rd Class Mike V. Parker at 633-5561/2, or drop in at the Chaplain's Office on the hospital's third floor. You may also call the EFSB in Alameda at 769-1717.

April 13, 1990

Your health care options

By JO2 Tami Begasse
Photojournalist

NAVAL HOSPITAL, OAKLAND — The military treatment facility's first priority is to keep the active duty forces in top physical condition. Retirees and their families and active duty dependents are guaranteed health care benefits on a space-available basis. However, due to current shortages of active duty medical professionals in the Navy Medical Department and ongoing Department of Defense budget constraints, many retirees and family members are discouraged by the long waits before they can see active duty physicians who are kept busy taking care of the active duty personnel. Because of this, many choose to go to a civilian doctor in the community. This costs money — in many situations, a lot of money.

room for local revisions. However, NHO has initiated several local programs to strengthen these existing programs and to increase patient options.

The following programs are free to patients on a space-available basis:

- **Reserve Weekend Surgery Program** offers minor surgery one Saturday a month. The entire program is run by Bay Area medical reservists who do everything, from checking in the patients to manning the recovery room. (For more, please read Reserve Weekend Surgery article included in this month's edition of Health Talk).

- **Visiting Surgeons Program** offers surgical consultations at outlying branch clinics such as Mare Island and Moffett Field. This enables patients, who would have normally been required

System (DEERS) are eligible for care. Laboratory, x-rays and prescriptions given at the clinic are all free. For more information, call 632-5514.

- **Resource Sharing Programs** are also free for all CHAMPUS eligible patients. Patients see these physicians just as they would see an active duty physician. At this time, primary care, dermatology and adult cardiology are some of the services provided by these physicians. (For more, please read the Resource Sharing article in this month's edition of Health Talk).

The following are benefits offered with copayments/deductible required:

- Through **CHAMPUS**, the government shares with service families the cost of health care from civilian hospitals and doctors. It covers most care from doctors, hospitals and CHAMPUS providers. For care covered by CHAMPUS, you always pay part of the cost based on whether your sponsor is active duty or retired. You pay in full for care not covered by CHAMPUS. Active duty families pay a cost-share of 20 percent of the allowable charge for covered care. There is no deductible for inpatient care, but you must pay your inpatient cost-share (active duty families pay at least \$25.00 or a small fee per day, whichever is greater, and all others pay \$235 per day or 25 percent of the billed amount, whichever is less). (Please call your Health Benefits Advisor (HBA) at 633-5204, to find out the specifics of this program.)

- **CHAMPUS Prime** is a voluntary enrollment program. Prime includes all services provided under CHAMPUS plus enhanced preventive care such as physicals, immunizations, and well-child care. Enrollees pay a \$5 copayment for office visits. Family members of E-4 and below are waived of this charge. The provider files the claim. (Call your CHAMPUS Service Center at 430-3500 for more information).

- **CHAMPUS Extra**, also voluntary for those individuals not enrolled in Prime, offers care from a contracted panel of doctors and hospitals. You save five percent on standard CHAMPUS copayments under extra. Extra covers those benefits of standard CHAMPUS, and claim

forms are filed by the provider. (Contact the CHAMPUS Service Center for more information).

- If you have **other health care insurance coverage** in addition to CHAMPUS, the other plan must pay whatever it covers before CHAMPUS will make any type of payment.

Caution: Families who have an HMO (Health Maintenance Organization) as their other health insurance cannot jump between the HMO and CHAMPUS. All covered health care services must be obtained from the HMO.

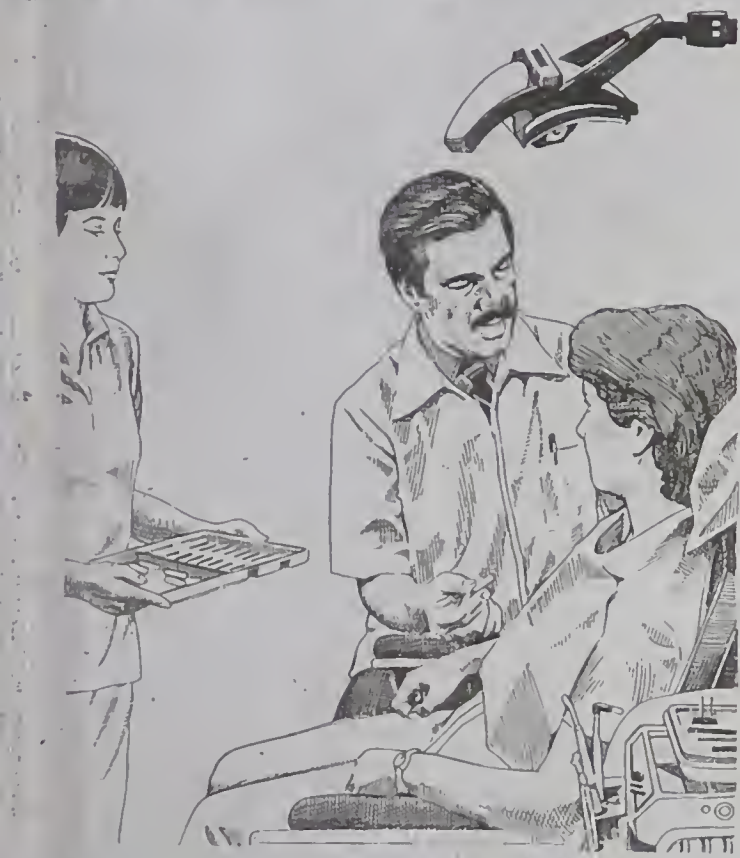
- **Resource Sharing in combination with Medicare Part B** (an optional Social Security benefit that covers professional fees associated with inpatient and outpatient care) is ideal for the beneficiary over 65 who is no longer CHAMPUS eligible. By combining these two programs, these patients receive care at a reduced cost. Patients still pay 20 percent of the professional fee (and the deductible, if not already met), but ancillary services such as radiology, laboratory and pharmacy, are free. (For more information, read the Resource Sharing Program article in this month's edition of Health Talk or call your HBA).

- The **Defense Department's Active Duty Dependents Dental Plan** offers basic preventive and restorative dental care to the enrolled families of active duty sponsors in the seven uniformed services. The care is provided by civilian dentists. Claims are filed, either by the dentists or by the families who receive the dental care, with the civilian contractor who operates the dental plan for the services.

The Active Duty Dependents Dental Plan is not a CHAMPUS program. It has nothing to do with any medical care-related dental treatment that may be provided to CHAMPUS eligible persons under the CHAMPUS basic program. (For more information about the Active Duty Dependents Dental Plan call NHO's Dental Department, 633-5346 or call your HBA).

Along with these innovative programs designed with retirees and dependents in mind, beneficiaries are urged to contact the CHAMPUS Service Center representatives (430-3500), health benefits advisors (633-5204) and the Social Services Department (633-5380) to learn about current changes in health care benefits and how they affect them.

The bottom line: Health care is expensive. We at Naval Hospital, Oakland, understand this and are dedicated to providing the most cost effective alternatives for each and every member of the military family in the Bay Area.



The staff at Naval Hospital, Oakland, (NHO) and at its branch clinics is doing everything possible to increase access to health care at local military treatment facilities (MTFs) to reduce the chances of beneficiaries going outside the military system.

Many new programs have been designed to make the military health care experience more convenient. What's more, these programs are cost effective for patients.

Congressionally mandated programs such as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), Medicare and the Active Duty Dependents Dental Plan leave little

to drive to NHO for consultations and preoperative testing, to have necessary work done at their local clinics. Then, it's just a matter of showing up at NHO for the actual surgery. (For more, read Visiting Surgeons Program article in this month's edition of Health Talk).

- The **NAVCARE Clinic** located at 8450 Edes Avenue in Oakland offers primary care 365 days each year from 7 a.m. to 8 p.m., Monday through Friday; on weekends and holidays, the clinic is open from 7 a.m. to 4 p.m. All military beneficiaries, including family members, entitled to care at MTFs and enrolled in the Defense Enrollment Eligibility Reporting



What every mother should know

By LT Gerri-Lynn F. Ricciardi, R.D.
Head, Clinical Nutrition Division
Food Management Department

Everyone needs good nutrition throughout life to be healthy. Babies are not miniature adults, and because of your baby's rapid growth and immature body systems, at no time is nutrition more important than during infancy. Either too little or too much of some nutrients can be harmful. The key to good nutrition is the right balance of the right substances.

During the first year, particularly during the first six months, breast milk or formula is your baby's primary

food. Cow's milk should not be given until after the baby's first birthday. Cow's milk is too high in protein (three times as much as human milk which stresses their immature kidneys) and the digestibility of cow's milk for a baby is different too.

The introduction of solid foods is not nutritionally necessary in the early months of life. According to the committee on nutrition of the American Academy of Pediatrics, solid foods should not be introduced before four to six months of age, when a baby's tongue and swallowing movements become coordinated well enough to permit acceptance of food from a spoon. Also, babies should be able

to give signs of being satisfied, such as leaning back or turning away from the source of the food. Babies should not be encouraged to eat beyond their needs; don't insist baby finish the last drop in the bottle or spoonful from a dish.

At four to six months of age, infant cereals fed by a spoon may be introduced to your baby. Special baby cereals do not need to be cooked. Add warm breast milk or formula to make a "soupy" thin cereal. Begin with rice, oat or barley cereals. Since some babies may have an allergic reaction to these, add wheat, mixed and high protein cereals later.

At six months of age you may introduce strained vegetables. Choose vegetables with a mild taste to feed baby first, such as squash, sweet potatoes, carrots, peas, green beans, beets. Offer only one new vegetable every four to five days. Your baby may be surprised by a new taste and not accept it at first. If your baby will not eat a vegetable, wait a few days and then try again. Begin each new vegetable with a small amount until the baby is eating two to three tablespoons daily. Place the amount to be fed in a cup and set it in a pan of hot water to warm for the baby.

Baby meats may be given by seven months of age. Begin with one teaspoon daily and add more as the baby is ready. Buy plain "strained meat." "Vegetable-meat" mixtures and "dinners" contain little meat for your money. Do not use fat back, salt pork, bacon and gravy because they are not meats.

Due to the taste and smell of strained meats, your baby may refuse them if offered sweet-tasting fruits before meats. Therefore, offer the meats first and then introduce strained fruits at seven to eight months of age. Begin with a small amount, and offer only one fruit four to five days before adding a new one. Special baby fruits can be bought in jars. You get more fruit for your money by buying plain "strained" fruit instead of mixtures or desserts.

Rhythmic biting movements begin at eight to nine months of age, so foods that require some chewing may be introduced. Finger foods such as chopped foods, toast strips, and pieces of cooked vegetables can be handled by

Up-close HN Cesar A. Mourelo



Date joined the Navy: February 24, 1988, to better understand what the military is all about and to see the world. I have a brother in the Air Force and a cousin in the Marine Corps who both were instrumental in my decision to join the sea service. They were both doing good and I wanted to find out for myself if the Navy really gives people what they work for.

Workcenter: OOD's (Officer of the Deck) Desk/Quarterdeck, Naval Hospital, Oakland. Job description: I answer phone calls and direct visitors and patients to their destination in the hospital. In addition, I serve as a daytime driver, a job that ranges from going to the blood bank to taking a patient to Travis Air Force Base to be medevaced (medical evaluation).

The most challenging part of my job is: Insuring the utmost safety and proper treatment of my passengers when I take them from point A to point B.

Without my skills and expertise, my workcenter wouldn't be able to effectively: assist patients on reaching their proper destinations, not that I'm too valuable but everyone counts in our division. One less body means someone has to pick up the slack, which could impair the smooth workflow in the workcenter.

Hometown: Los Angeles, the glamour capital of the world — most especially famous for Hollywood Boulevard, where sidewalks are covered with stars.

Likes: Modern rock, a sense of humor when it's called for and team work.

Dislikes: I dislike the fact that this command does not have a monthly (PRT) training. I'm a keen observer and well kept physically. If you are in good shape, you feel much better about yourself. Also, having a monthly PRT will increase the pass rate and will keep everyone charging.

If I could do it over again, I'd: take the ASBAV to increase my score so I can become an aerospace medicine technician.

I wish I could stop: thinking I know so much and start working harder. Often times when I encounter something such as putting together a piece of equipment, I go right ahead and assemble it without even reading the instruction instead of taking the time to assess what the situation is.

I respect myself for: the way I carry myself towards patients. I treat patients the way I want people to treat me. For example, if I have a broken leg, I want someone to open the van for me.

My immediate goal is: to attend FMSS training, a "C" school, preferably aerospace medicine, and to one day become a doctor in aerospace medicine. I enjoy the world of aircraft and medicine and I feel aerospace medicine is something that I think I'll excel in.

Role model/heroes: My role model is a person who enjoys his/her job and uplifts the morale for a superb working environment. My heroes are those who believe in team work. The military is all a team effort. Things start happening and working if everyone works in unison.

Civilian job vacancies

Position Title/Service/Grade	Location	
Personnel Actions Clerk GS-203-04/05 (Typing)	Civilian Personnel	OUF
Industrial Hygienist GS-690-7-9-11	Various Locations	OC
Laboratory Worker WG-3511-02	Navy Drug Scr. Lab	OUF
Physical Science Aid GS-1311-04	Navy Drug Scr. Lab	OC
Physical Science Tech. GS-1311-4/5	Navy Drug Scr. Lab	OC
Physical Science Tech GS-1311-5/6	Navy Drug Scr. Lab	OC
Health Technician GS-640-4/5	Various Locations	OC
Secretary (Typing) GS-318-4/5	Various Locations	OC
Medical Clerk GS-679-04	Various Locations	OC
Clerk-Typist GS-322-3/4	Navy Drug Scr. Lab	OC
Medical Clerk (Typing) GS-679-3/4	Various Locations	OC
Claims Clerk (Typing) GS-998-04	Patient Admin.	OC
Supvy Medical GS-644-11	Navy Drug Scr. Lab	OUF
Technologist		
Supvy Chemist GS-1320-11	Navy Drug Scr. Lab	OUF
Clerk-Typist GS-322-3/4	Various Locations	OC
File Clerk GS-305-3/4	Various Locations	OC
Facilities Engineer GS-801-11	Facilities Mgt.	OUF
Support Service Spec. GS-342-5/6/7	Occup. Health	OUF
Supvy Nurse Spec. GS-610-11	Occup. Health	OUF
Nurse Practitioner GS-610-9/11	BMC Moffett Field	OUF
Occup. Health Nurse GS-610-09	NSC/OAB BMC Oak.	OUF
Industrial Hygienist GS-690-12	NSC/OAB BMC Oak.	OUF
Medical Technologist GS-644-7/9	Laboratory	OC
Medical Technician GS-645-07	Laboratory	OC
Supply Technician GS-2005-05/06	Supply	OUF
Clerk-Typist GS-322-05	Laboratory	OUF
Voucher Examiner (Typ) GS-540-4/5	Supply Dept.	OUF
Vocational Nurse GS-620-05	Nursing Service	OUF
Laboratory Worker WG-3511-04	OR Nursing/CSROUF	
Social Services Asst. GS-186-4/5/6	Alcohol Rehab. Dept	OUF
Credentials Coordinator GS-303-07	Quality Assurance	OUF
Medical Officer GS-602-13	Various Locations	OC
(General Practice)		
Medical Officer GS-602-13	Various Locations	OC
(Occup. Medicine)		
Occup. Health Nurse GS-610-13	Various Locations	OC
Nurse Practitioner GS-610/9-11	Various Locations	OC
Clinical Nurse GS-610/9	Various Locations	OC
Chemist GS-1320-5/7	Navy Drug Scr. Lab	OC

Closing Date

OC - Open continuously
OUF - Open until filled

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling (415) 633-6372 or Autovon 828-6372, Monday through Friday, 8:00 a.m. - 4:00 p.m., or visiting the Civilian Personnel Office at 8750 Mountain Boulevard. **Filling of these positions may be delayed due to the DoD hiring freeze.**



HAPPY
Easter

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Red Rover

April 13, 1990

People, places and events...



LCDR Senko Promoted

Lieutenant Commander John T. Senko is all smiles while his wife Patricia and Captain Quentin L. Van Meter (right) pin on his new shoulder boards at his promotion ceremony. Senko is a resident pediatrician now on his third year at Oak Knoll. Van Meter serves as the chairman of Pediatrics Department. (Photo by JO1 Dan B. Gulam)



HM2 Smith Reenlists

Hospital Corpsman 2nd Class Leroy Smith checks out coupons given to him as an incentive for reenlisting, while Commander Robert K. Ridgeway, head of Physical Therapy Department, looks on. One of the benefits he received entitles him to a 96-hour liberty. Smith works at the department's Hand Rehab where he fabricates splints and instructs patients on active range of motions and modality. The eight-year plus Navy veteran said it has been rewarding working with Ridgeway and his fellow technicians. (Photo by JO1 Dan B. Gulam)

Navy's Finest EMT Staff



The staff of the finest EMT course in the Navy and the country as well. From left to right: HM2 Timothy W. Pennington, LCDR Allison L. Mueller, HMC Nina I. Connor, HN Bridget E. Blake, HN Kurt D. Buchholz and HM3 Kimberly M. McClellan. Mueller is the head of the hospital's Life Support Division. The EMT course at Oak Knoll achieved a 90.48 passing rate last year, based on statistics released by the Washington, D.C.-based Health Sciences Education and Training Command. The overall national pass rate, including all civilian programs, is 67 percent. The national average test score is 72.6 percent. Oak Knoll's mark is 79.2 percent. (Photo by JO1 Dan B. Gulam)

Conte is NHO's new equipment manager

By LT James E.T. Jackson
Equipment Manager
Officer

NAVAL HOSPITAL, OAKLAND — Lieutenant Junior Grade Glenn C. Conte, Medical Service Corps (MSC), will

Continued from page 3

School, Eu was very pleased to be back in East Oakland — an area where she raised her children and started her political career in 1966 as State Assembly representative for Oakland and Castro Valley. In fact, she said she was flattered to have been asked by Oak Knoll to be keynote speaker at the celebrations, noting that as she stood in front of the main hospital building, she could see the house where she used to live.

After a luncheon in the hospital's galley hosted by Equal Opportunity staff, Eu toured some of the wards where she had a chance to speak to all the nurses who were on duty and couldn't attend the festivities.

Lieutenant Junior Grade Diana L. Nierman, a ward nurse in 9 West, was particularly happy about the visit. In 1968, she had heard Eu speak at "Girl State," a Veterans of Foreign Wars-sponsored convention for high school students who wanted to hear about the inner workings of the political system.

"She was very dynamic at the time," Nierman said. "I wanted so much to hear her today, but I was needed in the ward and couldn't get away."

Nurse Corps officers, Lieutenant Commander Rhonda K. Gibson, division officer of the hospital's Nursery, Lieutenant Madeline A. Nash, a ward nurse in 8 South and Lieutenant Commander Elinor J. Spita, department head of Maternal Child Nursing, were among those who, like Nierman, were very glad of Eu's visit. They, too, would have liked to hear her talk and, no doubt, would have been pleased with the secretary of state's parting message:

"I want you to join me in moving our agenda of fairness and opportunity forward, as we make America all that she can be for all our citizens, including women — together we have come a long way, together we can finish the job, here in Oakland, here in Alameda County, here in California and here across the country. So I say to all of you, 'let's do it!'"

replace Lieutenant James E.T. Jackson (MSC) as equipment manager at Oak Knoll on April 16. Upon relief, Jackson will be assigned to the hospital's Patient Administration Department.

Conte came to Naval Hospital, Oakland, (NHO) from Naval Hospital, Bremerton, where he was a reservist and civil servant for seven years after an active duty Navy career that started in 1978 — taking him to Oak Knoll as a student and Yokosuka, Japan.

Conte was commissioned to his present active duty rank in August 1989 while serving as a chief hospital corpsman in a fleet hospital reserve unit in Bremerton, Wash.

His duties as equipment management officer include

division officer for Biomedical Repair, Excess Plant Property and Plant Accounting Division. He also coordinates procurement of investment equipment (OPN) and the productivity enhancing incentive fund (PEIF) for the hospital.

Competent

A competent administrator, Conte will continue to provide outstanding leadership to the Equipment Management Division. Located in Building 63-A (Biomedical Repair), he can be reached at extension 3-6643/44.

Married to the former Myra Joyce Togonan, Conte was born in the Philippines and has two children — Sarah, 7 and Glenyce, 2 months.

Dental radiography

By LT Bradley D. Bourcy, DC, USNR, Dental Department

NAVAL HOSPITAL, OAKLAND — Patients often ask if dental x-rays are dangerous, or if there really is a need for an x-ray (radiographic) examination. Briefly, the answer is: not particularly and, yes, respectively.

Valuable information such as the presence of decay, level of the supporting bone around a tooth, or angulation of a tooth to be extracted can only be supplied by radiographs, which are photographic images produced by the passage of x-rays through an object. It is impossible to practice modern dentistry without this information.

To alleviate concern about harmful effects of dental radiographs, some biological effects of radiation exposure need to be discussed.

The roentgen (R) is the unit of measurement for radiation. The National Research Council of the National Academy of Sciences recommends that the average radiation dose for the general population not exceed 10 R of man-made radiation between conception and age 30. This refers to whole body or somatic exposure. Although every effort should be made to minimize somatic exposure, the main concern is the effect on the reproductive or "gonadal exposure" for the procreative segment of the population.

Dental radiography is limited to specific areas of the head and neck; almost negligible amounts are received by the gonads. A full mouth survey (20-22 radiographs) causes no observable effects on the gonads. In a given exposure of the face, about 1 ten-thousandth of the amount is scattered to the gonadal region. Therefore a full mouth survey as previously described would result in an exposure to the gonads of 0.0005 R.

These facts lead to an interesting comparison between man-made radiation and exposure from background radiation composed of radioactive elements in the earth, water, air and cosmic rays. Background radiation has been estimated at 0.1 R per year, or 0.00027 R per day. Therefore, the gonadal exposure resulting from a full mouth survey is equivalent to about two days of natural background radiation or a level equivalent to a day of sunbathing at the beach.

Although these facts prove that the diagnostic advantage derived from radiographs far outweigh any potential hazard, dentists do not indiscriminately order x-rays. Rather, need for radiographs is decided based on clinical examination and professional judgment. And to further minimize risk of radiation, leaded vests are provided to protect ovaries and other vulnerable organs.

Oak Knoll cook tae kwon do champion

By J01 Dan Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — "Winning isn't everything," goes a cliché especially apt for athletic competitions, where sportsmanship and participation matter most. But for Mess Management Specialist Seaman Pok Ki O, competing means winning, not settling for the "agony of defeat."



SN Pok K. O

O, a 21-year-old cook assigned to the hospital's Food Service and Mess Management Division, recently won the Armed Forces Tae Kwon Do championships held in Las Vegas. He was judged the best in the Feather-

weight Division in the form and fighting category.

"If you did your best in a competition, there's no reason to lose," said the third degree black belter. "I'm not happy if I finish second. If you lose, that means you didn't train hard enough. I always think I can do better. I always want to be better than I am today."

O got involved in the martial arts at age seven, at the prodding of his older brother who was a high ranking black belter in South Korea. Since then, he has landed first in many competitions, including the best in single division during nationwide junior championships while he was in the seventh and ninth grades in Korea.

Rigorous training

For the young martial arts enthusiast, rigorous training took much of his time at an age when he should have been playing with kids in the neighborhood, but O never resented it. He carried it on when he came to the United States in 1975, and continued winning in the tournament circuit left and right. He also taught his skills for three years while attending O' Fallon High School in Reno, Nevada.

In 1988, he joined the Navy for the reason most sailors do — to see the world and to serve his country.

"I'd like to do something for America because the country was nice enough to let me come here," explained O. "A lot of opportunities have opened up to me since then."

O is the type of person who seizes every opportunity that comes his way. During his lunch break in the galley, he goes in the bathroom to practice Tae Kwon Do while the rest of his shipmates either eat or relax. When he gets off from work at 6:30 p.m., he goes straight to the base gymnasium to perfect his craft, and goes home only when he feels he has mastered what he set out to accomplish. He spends five hours in the gym when he's not working.

"Practice makes perfect," he said. "I put 75 percent of my effort in training, and add 25 percent more on the actual competition."

"If somebody is better than I, I want to beat him," continued O. "I love whipping better fighters than I, it motivates me to put forth my best."

Better person

"Competitions give me confidence to excel. It motivates me to do better — to become a better person. I believe that if you can win a tournament, there's no reason why you can't make it outside or in life."

According to O, it's all a matter of self-discipline and determination to win, and martial arts, especially Tae Kwon Do, are loaded with them.

"Tae Kwon Do is not just a form of fighting," said O. "It teaches you a lot, such as controlling your temper and maintaining discipline. It also advocates respect to your parents and loyalty to your country."

O's immediate goal is to get on the national team that will represent the United States in Tae Kwon Do in the 1992 Summer Olympics. The sport made its debut as a demonstration event during the 1988 Summer Olympics in Seoul, Republic of Korea.

"Winning is everything to me," O said. "I'm going for the gold and nobody can stop me from getting what I want."

Chaplain's corner

Just one look is all it took!

By CDR Wayne L. Bouck, CHC, USN

Most of us, even if we're not regular churchgoers, are at least casually acquainted with the hymn, "Amazing Grace." Various versions of this familiar gospel song have been recorded by popular vocal artists and heard over TV and radio stations across our land and around the world.

What is not so well known, however, is that its composer, John Newton, was — prior to his dramatic conversion — a cruel, bigoted, hedonistic captain of African slave ships. The miraculous change which occurred in Newton's life came about when he took a long, close look at the Cross of Christ.

Here, in his own poetic words, is the moving account of what happened — the very first of several hymns he was to write in his lifetime:

In evil long I took delight,
Unawed by shame or fear,
Till a new object struck my sight,
and stopped my wild career

I saw One hanging on a tree,
In agonies and blood,
Who fixed His languid eyes on me,
As near His cross I stood.

Sure never till my latest breath
Can I forget that look;
It seemed to charge me with His death,
Though not a word He spoke.

Another look He gave, which said,
"I freely all forgive;
This blood is for thy ransom paid,
I die, that thou may live."

My conscience felt and owned the guilt,
And plunged me in despair,
I saw my sins His blood had split,
And helped to nail Him there.

With pleasing grief, and mournful joy,
My spirit now is filled,
That I should such a life destroy,
Yet live by Him I killed.

As Good Friday is upon us, I pray that each of us, along with Newton, will take a close, meditative look at the Cross during this holy season and, in loving gratitude, give our life and our all to Him who gave His life and His all for us . . .

Nimitz Run scheduled April 28

NAVAL STATION TREASURE ISLAND — San Francisco's Naval Station will host the 15th annual **Nimitz Run** on Saturday, April 28. Benefiting U.C. Berkeley's Naval ROTC, the 5K and 10K runs follow two circuits. The 5K follows T.I.'s Sea Wall at ten feet above sea level, offering spectacular views of San Francisco and the East Bay. The 10K also follows the Sea Wall, but includes a challenging ascent up Yerba Buena Island to a breathtaking vista overlooking the Bay Bridge.

Both courses are T.A.C.

certified. Runs start at 9:30 (5K) and 9:40 (10K) a.m.

A fee of \$10 before April 18 and \$15 after that date entitles you to a beautiful T-shirt, Alhambra water, fruit, frozen yogurt and more at the finish line.

Register on race day from 7:30 to 9:15 a.m., or call (415) 845-2518 for an application or any information you might need.

The **Nimitz Run** is produced by Naval ROTC at U.C. Berkeley in conjunction with T.I.'s Recreational Services Department, and is open to the public.

Nutrition . . . Continued from page 6

the child. A cup with formula, juice or water should be offered to make weaning easier.

Developmentally at nine to 12 months, a child can handle foods less finely chopped and can handle more whole foods. There are foods that often disagree with infants, and they should be avoided until the baby is 12 months of age: egg whites, tomatoes, citrus fruits and juices, wheat and

cereals (mixed and high protein).

There is also a list of foods that should be avoided until the baby is at least three years old because they can easily be breathed in while playing and cause choking. These are nuts, popcorn, raisins, hard candy, peanuts, candy with peanuts, raw vegetable chunks, especially celery and carrots, and other foods of the same consistency and size.

New books to check out

The following new books are available in Oak Knoll's general library and can be checked out from 8:15 a.m. to 4:30 p.m., Monday through Friday:

- Greg Bear, **The Forge of God**, science fiction.
- Judith Michael, **A Ruling Passion**, fiction.
- Jimmy Buffet, **Tales from Margaritaville**, fiction.
- The inside story of Harry and Leona Helmsley, **Palace Coup**, non-fiction.
- P.D. James, **Devices and Desires**, mystery.
- Robin Cook, **Harmful Intent**, fiction.

- Margaret Truman, **Murder at the Kennedy Center**, mystery.
- Howard Fast, **The Pledge**, fiction.

Feature book

Liar's Poker is a fiction book by Michael Lewis subtitled, "Rising Through the Wreckage on Wall Street." It takes the reader to Solomon Bros. in New York, then to the stock exchange trading floor, where leveraged buyouts become the norm. The author describes the bond traders as both greedy and ambitious.



RED ROVER



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Naval Hospital, Oakland 94627-5000

April 27, 1990



Lieutenant Sheryl A. Washington, EFM coordinator, says active duty staff members who have family members requiring special services should enroll in the program at least 10 months prior to their assignment. (Photo by JO1 Dan B. Gulam)

EFM Program can alleviate unforeseen family crisis

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — A sailor is transferred to an overseas duty station without informing his detailer that his emotionally disabled son requires special educational and medical attention. Excited at the thought of a happy family reunion, his wife and two children start the long plane ride that speeds them on toward renewed family stability.

But a few days later, the bubble of happiness bursts when the family finds out the Department of Defense (DoD) school on base does not have the specialized educational program needed for their son. Wife and children are sent back to the States at Navy's expense. Everyone is desolate, including the Navy whose budget is already taxed to the proverbial

hilt.

This scenario is hypothetical but, unfortunately, too often true, and the Exceptional Family Member Program (EFM) was established to remedy the problem.

"The program expands the overseas screening process in order to identify EFM requirements," said Lieutenant Sheryl L. Washington, Medical Service Corps, head of Outpatient Administration and EFM program coordinator. "It determines availability of services at potential assignment locations, assists detailers in the distribution process and precludes family hardship and situations in which the Navy must establish costly support after the fact, or dependents' return to the Continental United States."

But to be effective, the EFM program requires participation of all concerned,

See Page 8

NHO sets up special celebration for Asians and Pacific Islanders

By Mary Smith
Equal Employment Opportunity Specialist

NAVAL HOSPITAL, OAKLAND — Each year, the president designates a week in May as "Asian Pacific American Heritage Week." The purpose of this proclamation is to provide an opportunity for all Americans to learn about and understand the cultural heritage of the varied ethnic groups which have been consolidated under the title Asian-Pacific Americans. Chinese, Japanese, Filipinos, Koreans, Vietnamese, Thais, Cambodi-

ans, Hmong Tribesmen, Asian Indians, Pakistanis, Afghans, Iraqis, Iranians, Polynesians, Melanesians and others have been grouped into this single statistical category by the U.S. government.

There are now over four million Americans who trace their ancestry to Asia or the Pacific Islands. Their history is one of proud accomplishment, with many contributions to the arts, literature, science, agriculture, industry and commerce. They have fought in America's wars since the Spanish-American

war of 1898, and continue to serve in the armed forces of the United States.

This year, Naval Hospital, Oakland, will present a recognition program on May 9 at 1:30 p.m., in the Clinical Assembly. Guest speaker will be Mr. Alex Exclamado, editor and publisher of the San Francisco-based Philippine News. Exclamado is active in Bay Area politics, and is the national president of the Filipino American Political Association. He is a native of the Philippines, and has been in the United States for over 30

See Page 8

Former Oak Knollite poses for Vets memorial

Adrian L. Silver's face is plastered with a cast for the sculptural model of the California Vietnam Veterans Memorial's central figure. Silver, a former Navyman assigned to the Drug Screening Lab in 1988 on limited duty, posed for the job and walked away with a handsome pay. The memorial, erected as a tribute to the state's Vietnam veterans, will be given to the people on Memorial Day. More Californian residents were killed in Vietnam than residents of any other state. To top that, more Californians received the Medal of Honor, the Bronze Star and the Purple Heart than veterans of any other state. (Photo by JO1 Dan B. Gulam).

See centerfold for more



PAT offers solutions

By CAPT Quentin L. Van Meter
Head, Pediatrics
Department

The first Process Action Team (PAT) formed at Naval Hospital, Oakland, addressed the issue of expanding the number of available inpatient beds. The main agenda of a quality project is to improve a work process that managers have identified as important to change. The team studies this process methodically to find permanent solutions to problems. The team leader was Captain Quentin L. Van Meter; team members were Commander Ernest R. Ghent, Commander Mary E. Quinn, Lieutenant Commander Saul S. Schwarz, Lieutenant Commander Marie E. Kelly, and Lieutenant Commander John E. Shore.

The PAT also utilized several consultants on staff at the hospital and San Francisco Medical Command (SFMC) for input into problems and issues identified. Their final report was presented to the Executive Steering Committee; and, as a result of their many hours of hard work, the following changes have been implemented.

1. The ambulatory care ward, 7-South, expanded its hours of operation from 5:30 a.m. - 6:30 p.m. to 5:30 a.m. - 8:00 p.m., Monday through Friday.

2. The Recovery Room (now called Post Anesthesia Care Unit) expanded its hours of operation from 7 a.m. - 11 p.m., Monday through Thursday, to 7 a.m. - 11 p.m. Monday through Saturday.

3. A seventh operating room opened in January.

4. A bed utilization advisory team was established to monitor the use trends of the 225 staffed beds.

5. The expansion and realignment of critical care services was addressed with the recommendation that nursing resources be found to fully staff separate surgical and medical intensive care units with coronary care, pediatric and general ICU beds established on the medical units.

6. Resource sharing agreements and expanded use of reservists were both recommended as viable sources for augmentation of the full-time nursing staff.

We are much appreciative of all who participated in this endeavor and wish to salute you with a most deserving "Bravo Zulu!"

Defrauding CHAMPUS doesn't pay

AURORA, COLO. — A Marine staff sergeant has found out the hard way that trying to defraud CHAMPUS can be hazardous to your career.

A general court-martial convicted the non-commissioned officer of obtaining a military ID card for an ineligible person, who then filed fraudulent CHAMPUS claims for more than \$11,000 in benefits. The sergeant was sentenced to a year's confinement, forfeiture of all pay and allowances, reduction in grade to E-1, and a bad-conduct discharge. He'll also have to repay the \$11,000.

In another recent case, a Georgia physician who admitted to filing false CHAMPUS claims will have to repay the government \$100,000, and won't be able to supervise the treatment of CHAMPUS patients or file CHAMPUS claims for three years.

Severance pay not expected, says Boorda

WASHINGTON, D.C. (NNS) — As fleet and shore sailors read about reprogramming, severance pay and possible personnel cuts, they probably are asking, "What's my future?"

During a recent interview, Chief of Naval Personnel (CNO), Vice Admiral Mike Boorda, tried to give bluejackets a straightforward answer. "The Navy has a strategy which has received a great deal of support, both within the Navy and on Capitol Hill, to come down in size to levels which seem acceptable," Boorda said. "We should hope that the Navy would not have to use severance pay or separation pay at all," he added.

If a law is passed authorizing separation pay, it would be paid only for those who were involuntarily separated. This pay would be for those people who meet all the qualifications to remain in the service, but for force reduction reasons are not allowed to stay.

"I don't think we will be firing people in the future, and therefore, we probably won't need the separation pay," Boorda said. "This type of pay is paid when you are fired — when you want to stay, and you can't. The CNO and secretary of the Navy are working hard to make sure we don't have to fire anyone in the Navy. It is not a goal to use separation pay. The goal of the Navy is to keep a good career force, not to separate anyone involuntarily."

Invest in Savings Bond

We Americans save and plan for the long term, but we need to enjoy ourselves along the way.

That's what's nice about U.S. Savings Bonds — you pick the part of the Dream you want to make real and decide how quickly you want to get there. Then, by adjusting what you set aside, you can travel the Main Street of the American Dream at your own speed, stopping for fun along the way.

Buy U.S. Savings regularly through payroll savings. Bonds pay a guaranteed rate if held for five years. There are not fees for purchases and your investment is backed by the United States if bonds are stolen, lost or destroyed. Safe savings builds for a bright future.

From the Commanding Officer RADM David M. Lichtman



The customer is (almost) always right.

Let me share a story with you to illustrate this point.

One day, not too long ago, a patient (read, "customer") came to one of our clinical departments asking for detailed information on a particular medical condition. The patient was denied the information — even though it was readily available — and told they must first go and get a consult from a physician.

At one time this was a satisfactory response, but not necessarily any more. Undoubtedly our staff member was trying to protect the patient from misusing his information. But in this day and age, many people are very savvy about health care. They read, they think, they care about their health, and they would appreciate our help in obtaining information about medical issues which affect them.

From the time a patient enters our hospital or picks up the telephone to call us, the first person they encounter is the face or voice they

associate with Oak Knoll. That is the image they will carry with them.

I want that image to be one of a helpful, informative, compassionate human being. Someone who cares enough to assume that a person knows enough to be able to make basic commitments to their own particular lifestyle and basic decisions about their own medical care and health needs.

This is nothing new to any of us, or it shouldn't be! We're brushing up on our interpersonal skills in our Team Approach training and in our adherence to Total Quality Management (TQM) principles. In fact, TQM begins with the realization that the customer is (almost) always right.

So the next time someone comes to you, be prepared to help. And unless they give you a reason to suspect otherwise, assume the person is smart, capable, and already well-informed when they ask for your assistance.

Show them Oak Knoll is indeed a special place because we value our very special customers.

Oak Knoll will host Navywide research tilt

NAVAL HOSPITAL, OAKLAND — On May 16, the Clinical Investigation Department (CID) will host a Navywide research competition. The participants will be the outstanding staff fellows and residents from Naval Hospital, Oakland, and the other three major teaching hospitals, San Diego, Bethesda and Portsmouth.

The contestants have already been selected by their respective hospitals for having achieved a standard of excellence.

This contest is to determine the most outstanding research project for the past year.

The winner receives a trophy which is kept at his/her hospital for an entire year, until the next Navywide competition. This important Navy medical program not only advances and improves medical education, but also recognizes excellence. Although the contest has only two winners, all the participants have achieved a standard of excellence. As a community which includes these fine military doctors, we are all winners from each research project completed.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

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April 27, 1990

Red Rover

DoD to help displaced NAF employees find jobs

By Tom Joyce
American Forces
Information Service
ALEXANDRIA, VA —
When Congress approved the recommendations of the Commission on Base Realignment and Closure, more than 5,000 non-appropriated fund (NAF) positions were affected.

Beginning in 1990, 86 bases and posts will close, and 59 others will either partially close or realign with other organizations or locations. Appropriated fund civilian employees affected by base closures or realignments are eligible for priority placement programs, and officials expect to place them in new jobs.

Finding jobs for the non-appropriated fund employees — those who work at military exchanges, gymnasiums, snack bars, cafeterias and military enlisted and officer clubs — will also be a priority.

Carl Burghardt, director for non-appropriated fund personnel policy with the DoD Office of Civilian Personnel Policy, said DoD will make every effort to find employment for these individuals.

"The closures will have an impact on many regular NAF employees," said Burghardt. "The director of civilian personnel policy has requested that the heads of DoD components develop and implement personnel placement

procedures to minimize the disruption to operations resulting from reductions in the non-appropriated fund work force.

"As a minimum, we have asked each component to establish procedures which will provide for the priority placement of qualified displaced regular NAF employees in vacancies within the displaced employee's commuting area."

Preliminary estimates reflect that the closures and realignments will affect 5,026 non-appropriated fund posi-

tions. This includes 1,695 full-time employees, 1,157 part-time, 1,951 intermittent and 223 others.

No separate program

Pete McKenna, a personnel management specialist in the Air Force Director of Civilian Personnel Policy Programs Division, said no separate specific programs will be formed to help displaced non-appropriated fund employees find jobs. "We're going to do the same for the NAF employee as we do for the appropriated fund em-

ployee," he said. "We will use the standard personnel practice, which is to make the transition as smooth as possible. It just makes good sense."

Time is also on the side of the non-appropriated fund employees. "This is a great advantage to all NAF employees," said McKenna. "Nothing will happen tomorrow. Most NAF employees are in typically high turnover jobs. As an installation gets closer to shutting down, we will hire people for a designated term."

Still, DoD is asking the components not to take any chances. In its guidance to the field, the director of civilian personnel policy asked that strong local outplacement programs be initiated.

"Many displaced NAF employees possess skills which may be readily marketable in the private sector," read the guidance memorandum. "Private employment opportunities should be identified in which these employees may receive employment consideration."

Family advocacy officials fight child and spouse abuse

By Evelyn D. Harris
American Forces Information Service

ALEXANDRIA, VA — Everyone likes good news. Unfortunately, the **DoD Child and Spouse Abuse Statistical Report** is not good news. Some children and spouses are abused in military families, and while the rate is probably not as high as in the general population, any amount of family violence is too much, said a DoD official.

Forty-three children and 17 spouses died as a result of family violence in the military services during fiscal 1988, according to the report, compiled by the Office of Family Policy and Support. The report marks DoD's third comprehensive report

on child and spouse abuse in the military.

To fight the problem, family advocacy officials are putting an even greater emphasis on prevention. "In fact," said Army Colonel Jim Schlie, chief of family advocacy operations in DoD's Office of Family Policy and Support, "DoD has doubled the money allocated to support prevention and education efforts since FY 1987."

"The amount of money spent on prevention is equal to that spent on treatment (in the hospitals, etc.), so we're putting our resources where they need to be."

Here is how DoD is improving prevention efforts:

- Increased family advocacy professionals;

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Historical footnote:

Pretty maids in a row cheer war casualties

Did you know that... during the Vietnam conflict, Oak Knoll's surrounding community lavished much attention upon the battle-weary casualties who came to the hospital for care and a well deserved rest.

proceedings. Maid of Dublin Georgia Thomas signs her name while Sandy Graver, Maid of Alameda County, and Christine Phillips, Maid of Pleasanton, wait their turn.

According to the August 1966 issue of Oak Leaf, Woodward, who did a precision drill for the patients, had been visiting the wards for several months. She learned her authentic precision drill from her father, a former Navy man, who took his prize-winning drill team to the All-Navy Talent Contest and the Ed Sullivan Show in 1958.

For example, in August, 1966, Navy Fireman Mike Hammer of Gladwater, Texas, collected the autographs of a few Southern Alameda beauty queens during their visit to the wards. He looks on amusedly as (from left) Miss Livermore Valley, Pat Woodward, clad in a Marine Corps dress jacket and hat, smiles on the

(Official U.S. Navy photograph)



Vietnam Vets Memorial turnover slated

SACRAMENTO, CALIF. — The completed California Vietnam Veterans Memorial will be turned over to the State of California on Memorial Day, 1990, in what should be the final official ceremony of the commission responsible for its construction.

The Memorial Commission invites all interested citizens to the memorial site in Sacramento's Capitol Park on Memorial Day, Monday, May 28, 1990, at 11 a.m. for that ceremony. The memorial is located on the grounds of the state Capitol in downtown Sacramento not far from the intersection of 15th and L streets.

A tribute to California's Vietnam veterans

Governor Deukmejian has been invited to accept the memorial on behalf of the people of California, as the culmination of a five-year \$2.5 million effort by the Memorial Commission.

Keynote address

Michael Norman, formerly a writer with the New York Times, and noted author of the recently released and critically acclaimed "These Good Men — Friendships Forged From War," will be on hand to deliver the keynote address. Mr. Norman's book is a profound and poignant exploration of his Vietnam experience as a Marine rifleman, focusing on the lifelong bond that experience welded between the men of his company, and its effect on their lives some twenty years later.

Ex-Green Beret

Deputy State Treasurer B.T. Collins, commission member and chief fundraiser for the memorial effort, will speak on behalf of the commission. He is also a former Green Beret.

Stan Atkinson, noted Vietnam War correspondent and news anchor for Sacramento's KCRA-TV will preside as master of ceremonies.

For further information, contact Peggy Carretta at (916) 327-0077.



Silver gets his face cast. (Photo by JO1 Dan B. Guiam) Below, Silver reenacts the pose of the central figure.



The making of

By JO1 Dan B. Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — As one walks in toward the newly-completed California Veterans Memorial in Sacramento, an imposing figure of a lonely soldier cast in bronze stands out. Positioned at the base of a 26-foot American flagpole in the center, the statue is seated on his helmet with an M-16 rifle resting between his legs. The soldier is young, weary from combat and reading a letter from home.

The casting of this central figure was modeled by Navy Hull Technician 3rd Class Adrian L. Silver, Jr., who was assigned to the Drug Screening Lab in Oakland on limited duty at the time he posed for the job in the summer of 1988. Silver is now out of the Navy.

The San Francisco-based Nordhammer Foundry, who had been scouting for the right model for a long time, finally ended its search when Silver was introduced to the owners through one of their friends.

Silver reported to the plant after his work at Oak Knoll for about a week for the casting. It was done piece by piece. To capture the facial expression for the final posing, Silver was asked to read a memoir of a veteran, Michael Herr, from his book *Dispatches* about fellow soldiers fighting in Vietnam. The passage goes:

"He had one of those faces. I saw the face at least



Silver at work in the Drug Screening Lab.

a thousand times at a hundred bases and camps all the youth sucked out of the eyes, the color drawn from the skin, cold white lips. You knew he wouldn't wait for it to come back. Life had made him old, he'd live it out. All those faces, sometimes it was like looking into faces at a rock concert, locked in, the event had them; or like students who were heavily advanced, serious beyond what you'd call their years if you didn't know for yourself what the minutes and hours of those years were made up of... these were faces of boys whose whole lives seemed to have backed up on them. They'd be a few feet away but they'd be looking back at you over a distance you knew you'd never really cross..."

Silver confided it was very difficult for him to capture the mood. First, he was too young to understand what was going on when the Viet-

Below, the Memorial. Left, Silver at the (Photo by JO1 Dan B. Guiam)



April 27, 1990

Red Rover

statue



Lab. (Photo by JO1 Dan B. Gulam)

nam conflict was at the forefront of most television newscasts and headlines of every newspaper in the country. He couldn't relate to it.

"Having the cast on my face was very uncomfortable," he said. "However, that sometimes helped in projecting an image of a depressed soldier. I just wanted the cast off my face. It was unbearable."

"They were cracking jokes too," he continued. "I didn't smile because I would definitely have ruined the cast. I don't want to do it over again. After they stopped casting my face, a bit of the plaster got into my mouth and I couldn't swallow without moving the cast."

Officially, 58,132 American men and women were killed, or are still missing in Vietnam. Of these figures, over 5,800 were Californians, more than any other state. The memorial is a tribute to those who served, died or remain missing in Vietnam.

dry for the casting. (Photo by JO1



Nutrition Notes:

The more television, the fatter the children

By LT Gerri-Lynn F. Ricciardi, R.D.
Head, Clinical Nutrition
Division
Food Management
Department

Which came first, obesity or TV-watching? American children spend as much time in front of television sets today as they do in the classroom. And the more they watch the "tube," the greater is the likelihood they will develop serious weight prob-

lems. This is often due to powerful food suggestions in commercials as well as airtime programming.

This connection between obesity and television-watching was confirmed by a study conducted by child obesity experts William Dietz, Jr., MD, PhD, of Tufts University Medical School, and Steven Gortmaker, PhD, from the Harvard School of Public Health. Published in the May 1987 issue of the

American Journal of Diseases of Children, the study examined statistics on about 7,000 six to 11-year-old children and almost as many adolescents. Obese children are clearly at risk for hypertension, respiratory disease, diabetes, orthopedic conditions and psychological dysfunction.

"Childhood obesity is epidemic in the United States, the implications are that there is going to be a major rise in the prevalence of adult obesity and its consequent illnesses," Dietz and Gortmaker indicated. "A common myth is that obese individuals eat huge quantities of food when, in reality, a child needs only to consume an excess of 50 calories per day to gain five pounds a year. Over a period of two to ten years, this contributes to marked obesity."

TV-watching can both lower the amount of calories you use up and increase the number you take in. For ex-

ample, unless you jog in place or peddle away on an exercycle as you watch, you don't burn up many more calories than you do when you sleep. And as far as eating is concerned, other studies have shown that the more television children watch, the more they snack. Food, often of the "empty-calorie" variety, is the most heavily advertised product during children's shows. And non-nutritious food is mentioned even more often on prime-time TV programs than in the commercials themselves.

According to the literature, preventing childhood obesity starts with early intervention and a sympathetic understanding of the family environment. Behavior modification, an important key to success, includes limiting the amount of time spent watching television. A balanced calorie-deficit diet accompanied by a regular exercise

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Family advocacy officials fight child and spouse abuse

Continued from page 3

- Improved liaison with civilian abuse-prevention agencies;

- Basic training courses for family advocacy program managers, reinforced by more training opportunities once they are on the job;

- A family advocacy command assistance team training program to help military investigators do better jobs of identifying sexual abuse in out-of-home settings;

- An examination of DoD's child and spouse abuse data-collection techniques to further refine the system;

- Additional abuse prevention and intervention research efforts.

In addition, the services have taken actions to strengthen the support they provide to military families. Other prevention efforts include classes in parenting and stress management. Such classes are not always considered part of the family advocacy program but can be helpful in prevention, particularly if taken before a person has committed an abusive act.

"Sometimes prevention is the best intervention — and the most cost-effective way to protect both spouses and children," said JanaLee Sponberg, family advocacy program analyst, Office of Family Policy and Support.

Of every 1,000 military children, six were victims of abuse during the report pe-

riod. There were 9,378 substantiated cases of child abuse, meaning investigators determined that maltreatment occurred. Of these, 6,005 involved active duty members and 3,373 involved Reserve and retired military personnel, or civilian spouses of active duty personnel.

The parent was the abuser in 86 percent of the substantiated cases.

Twelve per thousand spouses, or 13,705, substantiated cases of spouse abuse occurred. Of these, 11,380 cases involved active duty spouses. Retired or Reserve military and civilian spouses of active duty members were involved in the other 2,325 cases. There is no national data base for spouse abuse.

Perhaps reflecting the effects of financial stresses, the highest rates of both spouse and child abuse were found in the lowest pay grades, E-1 through E-3.

The most frequent type of child abuse case was physical injury, accounting for 40 percent; followed by neglect which made up 32 percent of the cases. About 15 percent involved sexual abuse.

There are two types of physical injuries, major and minor. Major injuries include brain damage, bone fractures, internal injuries, poisoning, severe cuts, burns and scalding. Minor injuries include cuts, bruises, and twisting and shaking incidents.

Neglect is more properly referred to as deprivation and necessities. Such cases involve depriving a child of suitable clothing or nourishment, not providing appropriate shelter or health care and failure to supervise a child properly and see that the child goes to school.

According to Schlie, it's difficult to compare military figures with civilian figures, because there is no consistent, comprehensive data base for the civilian population. The most recent available national rate of child abuse, from 1987, indicated an incidence of 13 cases per 1,000 children, according to the American Association of Protecting Children. The military rate of abuse in fiscal 1988 was six per 1,000 children.

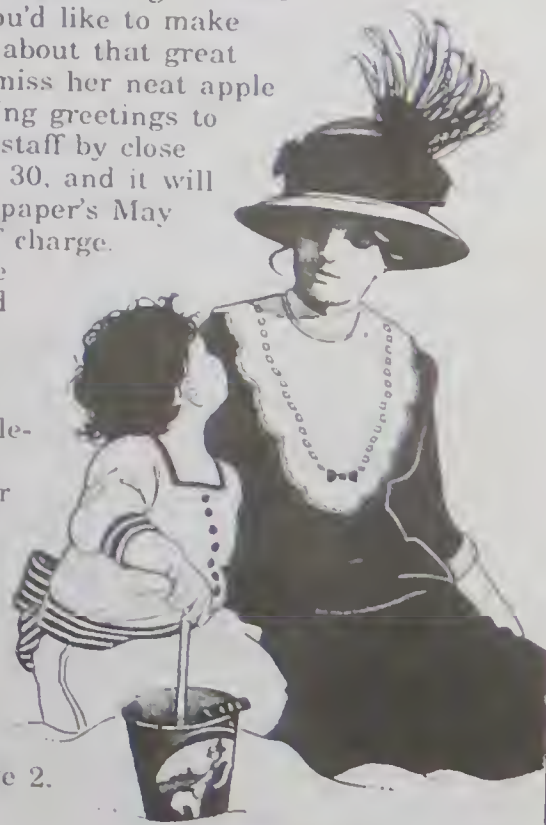
Say your love to Mom

MOTHER'S DAY IS JUST A BREATH AWAY . . .

and Red Rover staff wants to get in the celebration. So, if you'd like to make public how you feel about that great lady (and how you miss her neat apple pies), send your caring greetings to Red Rover editorial staff by close of business on April 30, and it will be published in the paper's May 11th issue — free of charge.

Include your name in legible letters and write your message in no more than 25 words — preferably in typewritten, double-spaced form.

Point of contact for further information is Andree Marechal-Workman at AV-828-6147 or COMM 415/633-6147. Red Rover's address is on its masthead, page 2.



Dental corner:

The truth behind the dreaded root canal

By LT Chip Gauss, DC, USNR
Dental Department

What is endodontics treatment? Is it something to be dreaded?

Endodontics is a word coined by Dr. Harry Johnston in 1943 from the Greek word "endo" meaning "within" and "dont" meaning "tooth." It was used as a synonym to what had been, and still is, called root canal therapy.

Endodontics is the area of dentistry relating to the prevention, diagnosis and treatment of "dental pulp," what some people call "nerve." The dental pulp is your tooth's soft core — the innermost part of a tooth. It lies within the dentin and enamel — the hard tissues that comprise the bulk of the tooth's structure. The pulp is much more than a nerve; it is composed of highly specialized tissues that are responsible for the formation of the tooth. However, once the tooth is formed, the pulp tissue's importance is greatly reduced. Root canal therapy safely and effectively saves a tooth by cleaning and filling a damaged pulp.

Damaged pulp

The pulp can be damaged in many different ways, such as deep fillings, bacteria from decay and injuries. Many times the damage is only slight and the pulp can recover, but if it is too severe or if there's an accumulation of irritations over time, the pulp may become diseased and start to deteriorate. The breakdown products from the diseased pulp can extend beyond the end of the root and destroy the bone. This may lead to a periapical abscess. To prevent further bone deterioration, infection and symptoms often encountered, such as pain, fever, malaise and biting sensitivity, the diseased pulp must be removed by root canal therapy.

Administering an effective local anesthetic will be performed first. Next, the dentist will make an opening through the top of the tooth to gain access to the root canals. The diseased pulp will then be removed with very fine instruments.

After the diseased tissue has been removed and the canals disinfected, the root canals will be sealed to prevent any further irritation to the surrounding bone. Thorough filling or sealing of the canal system will eliminate the pathway and "safe harbor" for bacteria, and new bone will replace that destroyed by the diseased process.

Root canal therapy can often be accomplished in one visit, but may require one or two additional visits to allow time for complete elimination of infection, for medication in the canals to respond, or for the tissues that surround the root to heal. With the use of local anesthesia, this procedure should not be painful, and most often root canal therapy alleviates pain that is associated with the diseased pulp.

Once the root canal is finished and the crown of the tooth restored, the tooth should remain a useful member of one's dentition indefinitely. The only other treatment option is extraction; however, this is usually discouraged because missing teeth can cause shifting of adjacent teeth, which may lead to biting problems.

Root canal treatment should not be dreaded. It can be a painless experience, and it is the only way to save some teeth.

NAS Alameda opens for public visiting

NAVAL AIR STATION, ALAMEDA — The Naval Air Station Alameda will hold an open house on Sunday, April 29 from 10 a.m. to 4:30 p.m.

The day starts at 7:30 a.m. for registration of the 10K and 5K (six and three miles, respectively) first "Run the Runways" on the air station. Registration fee is \$10 through April 21; \$12 thereafter.

The 10K T.A.C. (the athletic congress) sanctioned and certified race proceeds will benefit the Naval Air Station's youth programs.

For more information about the race, contact Joe Hash at (415) 263-3193.

Ice: The new crack?

By Evelyn D. Harris
American Forces Information Service

ALEXANDRIA, VA. — "Crack," or smokable cocaine, may soon lose its dubious distinction as the most dangerous illegal street drug. Smokable methamphetamine crystals, street-named "ice," have law enforcement officials worried.

Because ice is easy to make, produces a long-lasting "high," and doesn't involve needles, Peter Brock and others are concerned it may become a problem for both the civilian population and the military. Brock directs alcoholism and mental health programs for the Office of the Assistant Secretary of Defense (Health Affairs).

"Ice is not a problem yet with military members or dependents, but it is the No. 1 drug problem in Hawaii and is becoming a problem in California. Both states have large numbers of military personnel," said Brock.

"An ice high is not as intense as a crack high, but it can last 12 hours or more. A crack high lasts no longer than half an hour. Therefore, people think ice is a better buy than crack. Also, people now understand that you can smoke crystals; you don't have to melt them down and shoot them up. That has been a major barrier to a big population. There are people who will smoke something who won't stick a needle in their arm."

Ice is a synthetic compound that can be made from readily available chemicals, unlike cocaine, which has to be smuggled into the United States. "For this reason," Brock explained, "ice is going to be a lot harder to control and more accessible than crack."

Like crack, ice is usually smoked in a pipe, but it can also be smoked on the lit end of a cigarette. And because it's odorless, it's hard to detect users.

Brock said researchers are also concerned about ice's appeal to women: "In the civilian sector, crack is the first hard drug that we've seen a significant amount of women get involved with. There's the same potential with ice because of the avoidance of needles. We're afraid this will lead to the same kind of problems in babies as crack." The National Institute on Prenatal Research reports almost 400,000 babies were born addicted

to crack last year.

"Researchers are quite concerned about the long-term impact on babies of mothers who are addicted to crack. Babies born addicted to crack suffer from a host of life-long problems. Amphetamines, of which ice is one, cause similar problems in babies," said Brock.

"In the military, we've got a population at high risk because of age and because

they're away from home for the first time and are sometimes in a mood to experiment," he said. "Taking a few puffs of a pipe doesn't have the same implication to them as putting on a tourniquet, cooking something in a spoon and shooting it up."

"We're watching this through our drug-testing program to see how many of our people test positive for stimulants," said Brock.

Civilian jobs available

Position Title/Service	Grade	Location	
Personnel Actions Clerk (Typing)	GS-203-04/05	Civilian Personnel	OUF
Industrial Hygienist	GS-690-7/9/11	Various Locations	OC
Laboratory Worker	WG-3511-02	Navy Drug Scr. Lab	OUF
Physical Science Aid	GS-1311-04	Navy Drug Scr. Lab	OC
Physical Science Tech	GS-1311-4/5	Navy Drug Scr. Lab	OC
Physical Science Tech	GS-1311-5/6	Navy Drug Scr. Lab	OC
Health Technician	GS-640-4/5	Various Locations	OC
Secretary (Typing)	GS-318-4/5	Various Locations	OC
Medical Clerk	GS-679-04	Various Locations	OC
Clerk-Typist	GS-322-3/4	Navy Drug Scr. Lab	OC
Medical Clerk (Typing)	GS-679-3/4	Various Locations	OC
Claims Clerk (Typing)	GS-998-04	Patient Administration	OC
Supvy. Medical Tech-nologist or Supvy. Chemist	GS-644-11	Navy Drug Scr. Lab	OUF
Clerk-Typist	GS-322-3/4	Various Locations	OC
File Clerk	GS-305-3/4	Various Locations	OC
Facilities Engineer	GS-801-11	Facilities Mgmt.	OUF
Laundry Worker	WG-7304-02	Housekeeping	OUF
Support Service Spc.	GS-342-5/6/7	Occupational Health	OUF
Supvy. Nurse Spc.	GS-610-11	Occupational Health	OUF
Nurse Practitioner (Family)	GS-610-9/11	BMC, Moffett Field	OUF
Occupational Health Nurse	GS-610-09	MSC/OAB BMC	OUF
Industrial Hygienist	GS-690-12	Oakland	OUF
Medical Technologist	GS-644-7/9	MSC/OAB BMC	OUF
Medical Technician	GS-645-07	Laboratory	OC
Supply Technician	GS-2005-05/06	Laboratory	OC
Housekeeping Aid	WG-3566-02	Supply	OUF
Laborer	WG-3502-03	Housekeeping	OUF
Word Processing System Operator (Typing)	GS-303-05	Housekeeping	OUF
Clerk-Typist	GS-322-05	Word Processing	OUF
Voucher Examiner (Typ)	GS-540-4/5	Laboratory Dept.	OUF
Vocational Nurse	GS-820-05	Supply Dept.	OUF
Laboratory Worker	WG-3511-04	Nursing Service	OUF
Medical Technologist	GS-644-11	OR Nursing/CSR	OUF
Physical Science Tech.	GS-1311-7	Laboratory Dept.	OUF
Medical Technologist	GS-644-7/9	Navy Drug Scr. Lab	OUF
Chemist	GS-1320-5/7/9	Navy Drug Scr. Lab	OUF
Social Services Asst.	GS-186-4/5/6/7/8/9	Navy Drug Scr. Lab	OUF
Credentials Coordinator	GS-303-07	Alcohol Rehab.	OUF
Safety & Occupational Health Manager	GS-018-12	Quality Assurance	OUF
Safety & Occupational Health Specialist	GS-018-09/11	Directorate of	OUF
Medical Officer (General Practice)	GS-602-13	Community Health	OUF
Medical Officer (Occupational Medicine)	GS-602-13	Directorate of	OUF
Occupational Health Nurse	GS-610-9	Community Health	OUF
Nurse Practitioner	GS-610-9/11	Various Locations	OC
Clinical Nurse	GS-610-9	Various Locations	OC
Chemist	GS-1320-5/7	Various Locations	OC
Health Technicians	GS-640-4/5	Navy Drug Scr. Lab	OC
		BMC Alameda	Jul 23/90

Closing Date

OC - Open continuously
OUF - Open until filled

Applicants should refer to the individual vacancy announcements for complete information and qualifications. Announcements may be obtained by calling (415) 633-6372 or Autovon 828-6372, Monday through Friday, 8:00 a.m. to 4:00 p.m., or visiting the Civilian Personnel Office at 8750 Mountain Boulevard. Filling of these positions may be delayed due to the DoD hiring freeze.

April 27, 1990

People, places and events...



Sheykhzadeh bids farewell

Frances R. Sheykhzadeh receives a Letter of Commendation from Rear Admiral David M. Lichtman, commanding officer, Naval Hospital, Oakland, for outstanding performance of her duties as a management analyst in the Management Information Department. This award was presented to Sheykhzadeh on the occasion of her retirement from the federal service recently. Her citation reads in part, "your patience and communication skills were instrumental in bridging the gap between the user community and the computer technology, thus ensuring the users were adequately trained to take full advantage of the systems." (Photo by JO1 Dan B. Guiam)



Barrero promoted

Lieutenant Junior Grade Sandra Barrero is all smiles while Lieutenant Al L. TwoCrow and Lieutenant Commander Joanne Faust pin her new shoulder boards on the occasion of her promotion to her present rank. Barrero is assigned to Ward 9-W as a staff nurse where she does a lot of team leading and teaching of both patients and corpsmen. She said Ward 9-W is one of the busiest wards in the hospital, but she enjoys her job there tremendously because of teamwork — everyone pitches in and works well with one another. Barrero reported to Oak Knoll in April 1988. (Photo by Dan B. Guiam)



Aquino reenlists

Dental Technician Second Class Frederic T. Aquino is congratulated by Commander Mark W. Biolo on his reenlistment. Aquino, who recently departed Oak Knoll, is now stationed on board the San Diego-based tender USS Arcadia. (Photo by JO1 Dan B. Guiam)

"He liked to like people, therefore people liked him." — Mark Twain

Red Rover

OFRP provides sailors new benefits

WASHINGTON (NNS) — Sailors who are, or will be, assigned to overseas duty will now experience a number of new benefits. Among these are guaranteed follow-on assignments, an additional final multiple score (FMS) point toward advancement and a reinstatement of proceed time on permanent change of station (PCS) moves.

Upon completing two years of overseas duty in the overseas family residency program (OFRP), enlisted sailors will receive guaranteed follow-on assignments in their choice of

homeport, type unit, or training on the nearest coast, if a valid billet exists and they are qualified. (OFRP includes overseas homeported ships and squadrons on type four duty, excluding Hawaii.)

Sailors who complete three years of OFRP duty will not be restricted on choice of coast for homeport, type unit, or training.

Personnel who volunteer for shore-based duty overseas will be guaranteed a choice of homeport or type unit in the nearest continental US (CONUS) coast, provided a valid billet exists.

Members assigned from OFRP duty to CONUS-based sea duty to complete their prescribed sea tours (PST), will be ordered for a period of one year, or the time necessary to com-

plete PST, whichever is longer. (Sailors previously had to serve two years or complete their PST, whichever was longer.)

Personnel assigned to OFRP duty will receive one FMS point as credit in the awards section toward advancement to E-4, E-5 or E-6 beginning with the September 1989 test cycle. In addition, E-7, E-8 and E-9 selection boards will receive formal guidance stressing the importance of overseas sea and shore duty.

Secretary of Navy NAVOP 131/89 announced the reinstatement of proceed time entitlement, not to exceed four days, for personnel executing PCS moves to and from overseas accompanied tours.

For more information see NAVOP 130/89 or ask your detailer.

Kudos

TEN-YEAR LENGTH OF SERVICE

Joyce A. Dulin ADMIN SVS
Erline M. Melfi MID
Jacqueline C. Taylor MAT CHILD

TWENTY-YEAR LENGTH OF SERVICE

Harriet V. Cohen CMD ED
Donald E. Moore MID
Mary A. Morris MAT MGT
Dorothy J. Short EXE OFF
Rick A. Suerth MID

THIRTY-YEAR LENGTH OF SERVICE

Jose R. Andalis ANCLRY SVS

GOOD CONDUCT (FIRST)

HMC Ruben M. Llagas RLO
JO2 Tami S. Begasse PAO
HM2 Carmen R. Laver MAIN OR
HM3 Kerry D. Armstead INPT
HM3 Crispin E. Castillo ADMIN
HM3 Hyung Soo Chung MAIN OR
ET3 Richard L. Gray PHAR
HM3 Arno F. D. Pineda SECURITY
HM3 Willie D. Williams THERAPY
HN Perry R. McNair ORTHO
MAIN OR

GOOD CONDUCT (SECOND)

HM2 Danie T. Reyes MO PLAN
HM2 Wallace H. Sutton MAIN OR
HM2 Paul Walker OPTHLY

GOOD CONDUCT (FOURTH)

HMC Ramon B. Garcia MO PLAN
HMC Roxanna M. Stephenson OUTPT ADMIN
HM2 Marcelino C. Martinez Jr. QA

GOOD CONDUCT (FIFTH)

DT1 Gilberto N. Nepomuceno DENTAL

NAVY ACHIEVEMENT MEDAL

LCDR Kalman Dubov PASTORAL CARE
MS2 Eric S. Echols FOOD SVS
HM2 Marvin J. Gribbins CMD EDU
MS2 Darnell P. Williams FOOD SVS
HM3 Jean L. Hallmark RESP THERAPY

NAVY ACHIEVEMENT MEDAL (SECOND AWARD)

HMC Edgardo C. Simon DAPA
JO1 Dan B. Guiam PAO

NAVY COMMENDATION MEDAL

CAPT George G. Wilson PHAR
HM1 Philip F. Goodrich MED PHOTO

NAVY AND MARINE CORPS MEDAL

LCDR Alison L. Mueller LIFE SUPPORT
HN Anthony Beltran EMER MED
HN William W. Wicker EMER MED

New television . . . Continued from page 5

program is recommended. Highly restrictive hypocaloric diets need to be carefully evaluated and monitored by a physician. Because of a child's rapid growth rate, it is better to work on changing their eating habits and have them eventually grow into their weight.

At the community level, intervention may include weight management programs at the school involving parents, peers, teachers, food-service personnel, school administrators and medical staff.

Childhood is the time eating patterns first develop. If we want our children to be healthy throughout adulthood, now is the time to teach and encourage healthy eating habits.

Do you know . . .

1. The only U.S. President elected to four terms?

Franklin D. Roosevelt

2. The person who was offered but declined the first presidency of Israel?

Albert Einstein

Chaplain's Corner

Loneliness is . . .

By LT Karla M. Seyb-Stockton, CHC, USNR
Pastoral Care Department

Loneliness is the magnet that draws us, one to another. Without the longing of loneliness, selfishness would reign.

Loneliness is a feeling, born of isolation, of wanting the presence and companionship of another person or other people in your life. Loneliness is the blessed state that reminds us, no matter who we are, that we need each other. Loneliness is not necessarily the same as being alone, nor is it inconsistent with being among people. It is a state of **mind** more than a description of life's circumstance.

Whether we consider loneliness as a positive or negative state is up to us. Most of us facing a lonely time, focus only on the lack: the lack of companionship or affection, or whatever it is about people that we miss the most. Thus we label it a negative. All too often we completely miss the opportunity loneliness offers... the opportunity to meet new people or try a new activity. Lonely times also give us the time to befriend the man or woman inside as well. It is always good to re-learn what triggers emotions, what motivates actions and what limits confine the person we are. This is the positive side of a lonely time.

We need to have lonely times to properly appreciate the gifts given to us in companionship and love, to recognize our vulnerability when we are alone, to see where we have yet more room to grow.

— Reel Business —



Dudley Moore (center) surrounded by his "loony" friends.

"Crazy People" will stir you crazy

Fate chooses a bizarre route up the corporate ladder for Emory Leeson (Dudley Moore), a frazzled ad agency executive with a unique idea — truth in advertising. This strategy is considered insane by his co-workers, who commit their stressed-out associate to a sanitarium. After Emory's ads are printed by mistake and create a sensation, he enlists his fellow patients to be his new creative colleagues. Together they discover that honesty in advertising has results beyond anyone's wildest expectations.

Dudley Moore and Daryl Hannah star in *Crazy People*, a comedy also starring Paul Reiser and Mercedes Ruel.

"This movie is about faith — about hoping and believing when the world thinks you're nuts — and about being honest and caring," said the movie producer Thomas Barad. "The film's theme is that too often truth

is considered crazy and what's crazy is considered sane."

In *Crazy People*, Emory Leeson begins a quest to bring honesty to corporate America by devising ad copy that candidly communicates what would traditionally be the subtext of most ads.

"This attitude ad and marketing people embody is pervasive in the system," screenwriter Mitch Markowitz observes. "You find it in law, medicine, everywhere. It says, get it now, get it fast, and who cares about the consequences?"

"What some advertisements do is unconscionable," says Markowitz. "When you see a girl draped on a car, what are you supposed to think? The idea is to grab you in the basest manner, and no one seems to care about the morality involved."

While Emory is quickly labeled crazy for calling things by their real names,

his ads are accidentally unleashed upon the public and people everywhere can't get enough of the phenomenon.

The truthful ad campaigns establish for his agency the reputation of being a media visionary. To exploit his company's spectacular success, agency president Charles F. Drucker allows Emory to transform the mental institution where he is staying into a functioning advertising agency.

"The dynamic of work that Emory brings to his fellow patients excites them," Dudley Moore says, "because it all has to do with honesty, something in which they have all been craving to indulge. I like Emory because he has the same sort of willfulness and individualism that I had as a kid."

The film is rated "R" and has a running time of 91 minutes.

(Courtesy of DDB Advertising, San Francisco)

EFM Program can alleviate . . . Continued from page 1

medical treatment facilities, personnel offices, detailers and, most of all, the individual service members themselves.

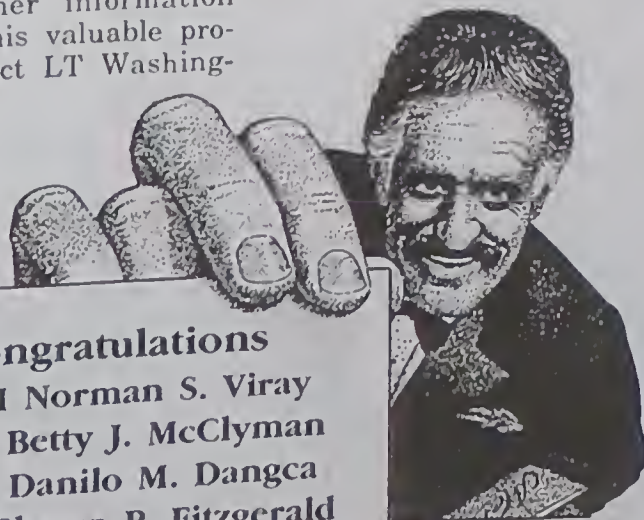
According to Washington, an exceptional family member is defined as an authorized dependent who displays a physical, emotional or intellectual handicap requiring medically related services or special education in DoD dependent schools outside the United States.

"It's to their benefit that they inform the Navy about their family's situation because this program was established for service members like them," she stressed, reiterating that in order for the program to function ef-

fectively, military personnel "should enroll in the EFM program at least ten months prior to transfer."

For further information regarding this valuable program, contact LT Washing-

ton at AV 828-5170, COMM 633-5170 or pay her a visit at Naval Hospital, Oakland, 2nd deck.



Congratulations
MSCM Norman S. Viray
PNCM Betty J. McClyman
DKCS Danilo M. Dangca
HMCS Shawn P. Fitzgerald
on your promotions!

Federal corner:

Drug testing for certain jobs eyed

SAN FRANCISCO, CALIF. — The Navy's plan for random drug testing of its civilian workers recently took a step forward after a federal court in San Francisco ruled to allow testing for certain job classes.

U.S. District Court Judge D. Lowell Jensen issued the decision which granted the Navy partial summary judgment and authorized random testing of employees who have top secret clearances and those in certain safety-sensitive positions such as law enforcement officers, firefighters and some others in the transportation field. Additionally, the ruling authorized the Navy to proceed with random testing of presidential appointees, Military Sealift Command civilian mariners and air traffic controllers.

Jensen also held that other civilian positions may not be subject to random testing at this time, and would not allow the Navy to implement post-accident testing pending further development of the plan. The court authorized reasonable suspicion testing of all civilian employees and other forms of testing such as applicant, voluntary and rehabilitation follow-up testing.

Librarian picks 1989's best books

By Robert C. Bernardi
Administrative Librarian

Paul Robeson by Martin Duberman. In this powerful biography, the author shows how Robeson's disappointment at the failure of U.S. society to open its doors to other blacks, coupled with his devotion to the Soviet ideal, ultimately overshadowed everything else in his life and made the All-American athlete, scholar, singer and actor an outcast in his own country.*

Among Schoolchildren by Tracy Kidder. Kidder's account of a 5th grade inner city school teacher's life delineates the fascinating interplay that exists between teachers and students. As Kidder writes, "The task of universal public, elementary education is still usually being conducted by a woman alone in a little room."*

Pillars of the Earth by Ken Follett. Instead of his usual cloak and dagger books, Follett changes course to write a wonderful fictional account of 12th century England, centering around a master builder's life, culminating in the construction of a cathedral. From humble stonemason to imperious monarch, each character is vividly brought to life.

Joy Luck Club by Amy Tan. Daughter of San Francisco Chinese immigrant

joins club after her mother's death; first distancing herself, she then hears tales of the older generation, and comes to appreciate her heritage. Tan tells a fine story, creating characters that are endearing, complex and believable.*

Wartime by Paul Fussell. Sanitized and romanticized almost beyond recognition by the "sentimental, the loony patriotic, the ignorant and the bloodthirsty" is the way Fussell characterizes the writers of World War II. From "strategic" bombing (most of it was quite unstrategic), to locker room humor, Fussell sets matters straight. *Library Journal* says of this book: "A staggering counterpoint to the most popular accounts of World War II."

Exit The Rainmaker by Jonathan Coleman. Fascinating true story of the president of a small Maryland college, who seemingly has everything going for him. But then he disappears, only to show up in Texas in a small town, where he lands a low pressure job, and eventually, contentedness.

The General Library is located in Bldg. 101, down the hall from the Post Office

*Starred titles are also on *Library Journal's* Best Books of 1989.

NHO sets up special celebration...

Continued from page 1
years. He has headed the Philippine News since 1961, and has guided its growth into a national newspaper with offices in Chicago, Los

Angeles, New York, and San Francisco.

All hands are encouraged to attend the celebration. For additional information, call Mary Smith at 633-5166.

'New' bowling center
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Earthquake drill
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Mother's Day greetings
Page 6

RED ROVER



May 11, 1990

Volume 2, Number 10

Naval Hospital, Oakland 94627-5000



Laurie A. Kahele

Pediatrics secretary named 'Civilian of the Quarter'

By JO1 Dan B. Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — In the busy world of Laurie A. Kahele, secretary for the Pediatrics Department, she has every reason to put off for tomorrow what she can't do today — a person can only do so much,

after all. However, she thrives on getting all her tasks done before heading for home, even if it means extending her working hours.

"I feel satisfied getting all the jobs done for the day, and people not waiting on me," said the new Civilian of the Quarter. "I come to work

early, before the phone starts ringing, so I can do some work."

The Pediatrics Department is in the midst of an accreditation review and in the process of contracting nine civilian physicians under the Resource Sharing Program,

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Laurie A. Kahele, the newly chosen "Civilian of the Quarter," always comes to work early to be on top of her job. (Photo by JO1 Dan B. Guiam)

Oak Knoll's top nurse reflects on Corps issues

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — When thinking over the achievements of the Navy Nurse Corps since its establishment in 1908, Captain Maria K. Carroll has every reason to rejoice. The only "first" the corps has left to list among its ranks of Navy dignitaries is a surgeon general.

"I think the Nurse Corps has come an incredible way," said the Nurse Corps captain, who came to Oak Knoll from Naval Hospital, Long Beach, to take over as the hospital's Director of Nursing Services (DNS) on January 12. "Those early Navy nurses didn't have rank," she said, explaining that they only became officers in 1944. The corps has been a fully male/female integrated body since 1965, when the first male nurse was commissioned into what had previously been an all female corps, she added.

However, because of a law passed by Congress for practical reasons, only male nurses can be part of the

surgical teams assigned to combatant ships for six-month tours of duty.

"But that law does not restrict women from serving aboard non-combatant vessels," Carroll added. "That's how women could be aboard the [hospital ships] *Sanctuary* and *Repose* during the Vietnam era."

Navy nurses have faced many challenges in their 82-year history — two world wars, the Korean and Vietnam conflicts — not only caring for the sick and injured, but also teaching and spending much of their time giving on-the-job training to hospital corpsmen.

But as the world changes and its tensions relax, Carroll believes today's nurses are facing different kinds of challenges — what she calls "an absolute mushrooming of bio-ethical issues that weren't even dreamed of 25 years ago."

Such questions as fertilization outside the human body, resuscitation, ventilation, euthanasia, AIDS, abortion, who has more right to organ transplants than others and what hap-

See Page 3



Happy 82nd
birthday,
Nurse Corps!

Standing by
to assist

Nurses in the beginning of the Corps didn't have rank and were limited in their assignments and scope of duties. Now, they're filling in billets that were once regarded as a man's domain, and doing jobs that are formidable in revitalizing Navy Medicine as the Navy Nurse Corps faces the challenges of the 1990's. Above photo, a portrait of an early 20th century nurse. Right, a World War II nurse wearing white utility apron as part of her operating room outfit. It was a most unglamorous apron, adopted to simplify the ever-present French laundry problem. (Official U.S. Navy photos)



'New' bowling center to reopen

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — All hands are invited to join in the fun when, on May 23 at 1:00 p.m., Rear Admiral David M. Lichtman will officiate at the ribbon cutting ceremony to reopen the command's spruced-up bowling center. Door prizes, inexpensive food and beverages will be featured, as will special bowling, pool and billiard games, cable TV movies and a host of other entertainment activities designed especially for Oak Knoll staff.

Please come and enjoy all the improvements made by members of Oak Knoll's Self-Help Program. They deserve a great big thank you from everyone for the

long volunteer hours they put into the renovations.

"I want people to know those improvements were made by sailors who care," said Chief Hospital Corpsman David M. Sego, leading chief petty officer for Special Services. "These people worked long hours every weekend to make this and other projects a success."

Among these projects are:

- A new game room at the enlisted club, (Machinist Mate 1st Class Clayton Smith — leading petty officer of Self-Help, the fuel that fires the program).
- A permanent ladder installed at the marquee to improve safer accessibility, (Hull Technicians 2nd Class Robert Harris and Donna Berkman).

• Repainting and building shelves and counters at the bowling center, (Fire Control Technician 2nd Class Timothy McCorkell).

"I think Oak Knoll has the best Self-Help Program," added Sego, pointing out that these people, who are assigned to the hospital's Medical Holding Department, have tremendous talents. "They love to work with their hands; we give them an opportunity to do so, and they work miracles."

One of the miracles everyone will have a chance to witness on May 23 is the renovated bowling center, but don't go there on the 22nd because it will be closed to prepare for the festivities.

From the Commanding Officer RADM David M. Lichtman



On May 13, we celebrate the 82nd birthday of the Navy Nurse Corps. I'd like to take this opportunity to recognize the important accomplishments nurses have made in Navy Medicine. From the first 20 nurses who reported to Washington, D. C., in October 1908, to their modern counterparts, Navy nurses have served with valor and distinction. They served in World War I, World War II, the Korean War and during the Vietnam conflict under fire and with great devotion to duty. Today's nurses continue to uphold their predecessors' reputation of excellence in providing the best health care there is to the sick and injured.

Here at Oak Knoll, our nurses, both military and civilian, can be justifiably proud of their outstanding contributions and dedication in serving our growing numbers of health care beneficiaries in the Bay Area. Oak Knoll nurses are

very capable, many are certified in their specialties and every one possesses a "can do" attitude and the determination to get the job done right in the face of staffing and resource limitations. Our nurses always rise to the occasion, often times devoting many long hours caring for our patients and teaching hospital corpsmen. Their pride and professionalism runs deep, as evidenced in their esprit de corps and a well-earned reputation and respect in the community as well as in our hospital. Patients at Oak Knoll never hesitate to tell me, either by letter or verbally, how appreciative they are of the care and treatment they receive from our nurses. Their caring attitude is undoubtedly a legend, which further enhances Oak Knoll's reputation as a "very special place."

My very best wishes for a most happy birthday.

From the Executive Officer CAPT Jack W. Bartlett

As we pause to set aside a time to honor our Navy nurses during their 82nd birthday celebration, we would also like to pay tribute to their civilian counterparts on the staff at Oak Knoll who are equally dedicated, loyal and proud to be part of this hospital. Team work makes us one big family, working harmoniously to achieve our common goal of providing outstanding health care to our patients.

Our civilian nurses, RN's and LVN's, are here to enhance our health care delivery system and augment Navy nurses. There's a nationwide demand for nurses, but our civilian nurses willingly choose to come to Oak Knoll mainly



because of our fine reputation for patient care. This is also the trademark and the basic principle they work for, which can be readily seen in their professionalism as they interact

See Page 8

QA program at 9-W makes a difference

By LCDR Barbara H. Shaw, NC,
Head, Internal Medicine
and Surgery Clinics

NAVAL HOSPITAL, OAKLAND — The Quality Assurance Program (QA) on 9-West is an excellent example of a program that "Makes a Difference." The on-going monitoring and evaluation of nursing care has effectively identified problems and defined and implemented appropriate actions which have resulted in a safer, smarter staff, and improved patient care.

The tracking of occurrence screens by the 9-West staff revealed that the incidence of needlesticks was on a rise. Further investigation of the needlesticks showed that most of them occurred while handling large needles attached to the tubing of piggy-backed

medications. Three months ago a ward policy was implemented that standardized to a 22 gauge the size of the needles used for Intravenous Medication Certification (IV-med) — the smallest appropriate one. Since then there have been no needle sticks associated with piggy-backed medication administration.

Monitoring criteria

The 9-West staff has not only used the monitoring criteria as a data collection tool but as an educational tool as well. Every staff member was required to conduct monitoring activities — including corpsmen and the contract registered nursing (RN) staff. The review process always required review of just a few records, which took no more than about ten minutes of their time. Since the review

criteria used to assess their nursing documentation was developed from their standard of care and based on their protocols, as the staff was collecting data for their monitoring and evaluation, they were also being educated in the accepted protocol for that aspect of care.

Very effective

This manner of staff education has shown to be very effective, especially since the turnover of 9-West staff is so rapid and extensive.

Although the staff on 9-West will be the first to admit that monitoring and evaluating of their nursing care has not solved big problems across the board, they have been able to identify those areas of care in which they truly can have made a difference. Bravo Zulu to you 9 West nursing staff.

Four kinds of bones

Someone has noted that there are four kinds of "BONES" in every organization:

- **WISHBONES**, who spend their time wishing someone else would do the work;
- **JAWBONES**, who do all the talking, but very little else;
- **KNUCKLEBONES**, who knock everything anyone ever tries to do;
- **BACKBONES**, who get under the load and do the work!

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

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Commanding Officer . . . RADM David M. Lichtman, MC, USN
Executive Officer . . . CAPT Jack W. Bartlett, MSC, USN
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Staff . . . YNSN Tom Rizzo
SN Mark Herrington
YN3 Daren Holt

May 11, 1190

Historical Footnote

'The Sacred Twenty'

According to the May 13, 1975 issue of *Oak Leaf*, May 13th marks the anniversary of the Navy Nurse Corps, created by a congressional bill signed by President Taft in 1908:

"The 20 original Navy nurses who reported for indoctrination and duty were neither officer nor enlisted; their salary was \$40 a month.

"By 1918, their salary had risen to \$60 monthly, and in 1942, to \$90. Their

ranks numbered from 500 to 1,400 during WWI, with an unbelievable peak at 11,086 during WWII, stationed around the world at 40 hospitals, 176 dispensaries, six hospitals corps schools, aboard 12 hospital ships and in the air evacuation of war casualties. The nurses finally received full military rank in 1944, with the director of the Nurse Corps selected as the first female Navy captain.



First Navy nurses

Ester Voorhees Hasson (without cap) shown with the first 19 nurses appointed to the Navy Nurse Corps in 1908. They reported to the U.S. Naval Hospital in Washington, D.C. for indoctrination and duty. Hasson was Nurse Corps Superintendent.



Survivors visit NHO

Four of the Sacred Twenty nurses on duty when the Navy Nurse Corps was established in 1908 were among the guests when staff nurses celebrated the 46th birthday of the Corps at a tea in the Officers' Club courtyard on May 13, 1954. They were (from left) Sara B. Myer of Berkeley, Della V. Knight of San Francisco, R.E. Whitcomb, Auburn and Mary H. DuBose, Berkeley. The ensigns were staff nurses Joan D. Riker and Jeanne Joyce.

From the Command Master Chief HMCM Michael L. Stewart

This article is on nothing specific and a lot of things in general. I wanted to share with you a few of my thoughts and observations.

We have recently had some very distinguished visitors at Oak Knoll, and all left with praises for our staff. The Master Chief Petty Officer of the Navy indicated to me that he felt this was one of the best hospital visits he experienced since he has been the MCPON. He was impressed with the high morale and attitude of you all. The Surgeon General was equally impressed and told me how thrilled he was to see so many enthusiastic enlisted people. We have a great image in Washington and it is due to a total team effort.

The 92nd Anniversary of the Hospital Corps is June 16th. A fantastic ball is planned for the night of the 16th at the Oakland Airport Hyatt hotel. Plan to be there. It will be an evening you won't forget. All hands are invited. Tickets should go on sale soon and only 350 are available.

The Recreation Committee and Club Advisory boards are alive and well and working hard for you. Some items to watch for in the future are ...deep sea fishing trips, group tickets to the A's games, fashion



show, golf tournament, camping trip and much more. See your departmental representative and give us your input.

We are soon to say goodbye to someone who has devoted a great deal of time and energy to insuring that you are kept aware of what is going on around the base. JO1 GUIAM is PCSing to Naval Air Station Guam this month, and with him will go an incredible amount of journalistic talent and expertise. Few know how much time and effort goes into putting a base newspaper together or covering those special events. On behalf of everyone I would like to wish him Fair Winds and Following Seas. Thanks for all your help, shipmate.

Surgeon General honored

WASHINGTON (NNS) — Surgeon General of the Navy Vice Admiral James A. Zimble was presented the National Military Family Association's Annual Achievement Award (NMFA) April 27 for his personal commitment to improving Navy medical care.

Revisions

NMFA, a worldwide volunteer organization dedicated to serving as an advocate for military families, praised Zimble for spearheading revisions in Navy Medicine management philosophy that improved medical services across the board.

Working diligently to promote Navy Medicine, Zimble began his task to improve medical care and

support from the time he took over the Navy's top medical post in 1987. He has since been able to convince Congress to increase medical funding, persuade quality medical professionals to "stay Navy" and personally recruit new doctors and nurses to expand both the Medical and Nurse Corps. "The most critical variable in our health care system is personnel," Zimble explained.

Money well spent

According to NMFA spokesman Dorsey Chescavage, the changing face of Navy Medicine has proven that money and manpower dedicated to Navy Medicine is money well spent. Navy families are convinced that highly quality medical care is once again available to them, thanks to Zimble.

"Everybody wants to do something to help, but nobody wants to be first."
— Pearl Bailey

Oak Knoll's top nurse

Continued from page 1

pens to the elderly if no one can care for them — these are among the bio-ethical subjects that Carroll said will affect nurses' work and training in the next decades.

"I think nurses in the future will have to determine how they feel about those issues to be able to be objective and provide appropriate counseling to their patients," the hospital's DNS said. "Nurses will have to be continually studying and learning anew because their field changes so rapidly. The body of nursing knowledge has

grown incredibly, and nurses will face the challenge of growing and changing as their field does."

Although she is aware that much has been made in recent years of the pay inequality between military and civilian nurses, Carroll does not believe the difference is so great when considering the benefits that Nurse Corps officers enjoy.

"If you just look at the dollar amount, there is a great difference between those scales," she clarified, "but one of the things that makes the Navy more equitable than those figures

would suggest are the benefits —" retirement, commissaries and exchanges, free health care, 30-day annual leave, cost of living allowances and, as the captain knows from personal experience, travel opportunities and "eligibility on space available basis to go on hops on military aircraft."

But, perhaps more than anything else, what separates Navy nurses from their civilian counterparts is what Carroll calls "the esprit de corps —" that special bond shared by several

See Page 8

Earthquake drill

'The disaster plan itself worked

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — Enhanced awareness made the difference for the military and civilian disaster preparedness exercise April 19.

"The drill was larger than last year," said Lieutenant Michael D. Sashin, Medical Service Corps, disaster planning officer for the San Francisco Medical Command, who coordinated drills covering an area that stretched north to Sacramento and south to Fort Ord. "It really took a non-catastrophic earthquake to scare anybody enough to start talking to each other."

"People were motivated," said Lieutenant Junior Grade Glenda D. Fowler, Medical Service Corps, disaster planning officer for Oak Knoll — one of the many hospitals who participated in the exercise. "Everyone wanted to be reassured that they could actually survive, and by putting 100% effort [in this year's drill], we learned that our plan works."

The day after a swarm of real earthquakes damaged several homes in Watsonville, Calif., Bay Area military and civilian hospitals tested their response to a mock earthquake measuring 8.3 on the Richter scale along the San Andreas fault.

A test of the National Disaster Medical System (NDMS) and part of Earthquake Preparedness Month, the exercise drilled the coordination capabilities of Bay Area military commands, Alameda, Solano, Contra Costa and San Francisco Counties, as well as state and federal agencies.

According to Fowler, who coordinated the hospital activities under Sashin's guidance, the scenario was very realistic. The drill also met its goal of improving the working relationship between Naval Hospital, Oakland, and surrounding communities.

But Sashin gives a lot of credit to the local governments who, after the October earthquake, rallied around Rear Admiral David M. Lichtman's plan to fully integrate into a master dis-

aster preparedness plan. Lichtman, who is Naval Hospital, Oakland's, commanding officer, is also commander of the San Francisco Medical Command — the joint Army/Navy command that directed the military planning and coordination efforts.

"Admiral Lichtman is extremely supportive of planning with the city of Oakland and Alameda County agencies because we're in their backyard," Sashin said. "And he stresses that we also have to coordinate planning throughout the Bay Area because no matter which fault goes (San Andreas or Hayward), we'll have to help each other."

Fowler agrees that the drill resulted in a stronger relationship. "The [hospital's] disaster plan itself worked better than last year, and responsibilities were more defined," she said, giving much credit for the success of the operation to the Disaster Preparedness Committee which supported her department — the Disaster Preparedness Department under the Directorate of Community Health Care, Captain Paul Barry, Medical Corps.

Larger picture

"The committee served in an advisory capacity, and the drill couldn't have been a success without them," Fowler said. "Captain John Rowe, Captain Joan Pruchniak, Hospital Corpsman 1st Class Don Keen and Hospital Corpsman 2nd Class Joseph Alto — their effort was invaluable."

Senior Chief Hospital Corpsman David Beck, assistant head of the hospital's Manpower Management Department, and his fellow ham radio operators also deserve a vote of thanks for their contribution. Realizing that in a real disaster situation, when phone systems are likely to be damaged and overloaded, Beck, who is a member of Alameda County's Radio Amateur Communications Emergency System (RACES), volunteered his team to provide radio link between the various drill sites.

"We brought in RACES van and established the communication center in front of Oak Knoll Hospital," Beck said, adding that they tested the ground workability by passing messages from the 4th floor NDMS station to the radio operators who had been dispatched to the various participating sites.

Beck intends to volunteer RACES' services as a permanent part of the disaster preparedness plan in the future. Navy requests the assistance. This is good news for the Navy since the problem experienced with communications — communication between the hospital quarterdeck and command center; communication between the military and civilian sides.

Advisory committee

Key players will evaluate the drill and look at the phases, Fowler said, adding that the lessons learned will be available for general use by June 1, and distributed to all department heads.

As part of the larger picture, a meeting is planned for January 21st at the USNS Mercy to discuss follow up exercise. Representatives from the Federal Emergency Management Agency (FEMA), state,



May 11, 1990

Better than last year...

near counties and cities
emergency medical services
will attend to talk about
the October 17th, earth-

quake, the April 19th drill,
"and where we go from
here in our planning to
survive the big one."



(Clockwise): HM2 Patricia Wurst moulages a patient. (Photo by JO1 Dan B. Guiam); "walking wounded" (Photo by JO2 Tami Begasse); a patient is offloaded from the helo by litter bearers. (Photo by JO2 Tami Begasse); NHO medical team in action, assessing an earthquake victim. (Photo by SN Mark T. Herrington); EMT instructor Nina T. Connor helps litter bearers move a patient safely and expeditiously. (Photo by JO2 Tami S. Begasse).



A tribute to Red Rover's editor

(Assistant Editor's Note — This is JO1 Dan B. Guiam's last issue as Red Rover's editor. Unknown to him, the PAO staff went around the base, asking for comments about him and his paper. When he was faced with laying out the paper, he was reluctant to include the tributes to his superb performance because he feels he should not glamourize himself. "After all, I am still the editor," he said, pointing out that "if a person is good, it shows in his work."

But PAO staff feels he deserves the accolade, and we are publishing the comments over his departing body!)

RADM David M. Lichtman, CO, Naval Hospital Oakland

"Petty Officer Guiam has done a dynamic job on the development of articles in the Red Rover. His contribution to this command will be long lasting."

Master Chief Michael Stewart, CMC, Naval Hospital Oakland

"Absolutely outstanding. The Red Rover is one of the best base papers I have seen. The work he has done is really, really great. Petty Officer Guiam is the kind of guy who is quiet and wants no attention brought to himself. We will sure miss him when he leaves."

HM1 Jeffrey Travers, Instructor NSHS, San Diego Detachment NHO

"I am sorry to hear that Petty Officer Guiam is leaving. I didn't know him very well, personally, but I enjoyed reading his work in the Red Rover. Its content and format is much better than the Nor-

wester but I never miss an issue of the Red Rover."

HMC David Sego, MWR, Naval Hospital Oakland

"I have been at this command for over three years and I have seen the base paper evolve into the best base paper I have ever seen. With a dedicated petty officer like JO1 Guiam involved throughout this evolution, I think the outcome was inevitable. When you have the absolute best people, you have the best product."

Mary Smith, EEO, Naval Hospital Oakland

"I adore Petty Officer Guiam. We've had good conversations, and he is a very informed person. I am going to miss him. As editor of the Red Rover, he has done an excellent job in responding to Equal Employment Opportunity and other issues of great interest to readers."

PN1 Louie G. Reyes, Military Personnel, Naval Hospital Oakland

"I have known Petty Officer Guiam since 1987 and I

have learned that he is very shy but equally as kind. Petty Officer Guiam has also put 150% into making the Red Rover an easier paper to read and to understand."

Wanda Cappello, Secretary to the Chief of Staff, SFMC

"During the time Petty Officer Guiam has served the Public Affairs Office on the Oak Knoll complex, he has been a most congenial co-worker. Dan's ready smile and courtesy to all have set him apart as someone special. His contributions to the Red Rover have been 'TOP QUALITY.' We'll miss him and his friendly easy way of doing business."

Marge Lesage, Secretary to the Commander and Department Commander, SFMC

"When anything happens at Oak Knoll, Petty Officer Guiam is there. Keeping the staff informed is what he does best. He has done a great job for Oak Knoll and I wish him the best in his assignment."

'Civilian of the Quarter'

Continued from page 1

putting a heavy administrative workload on Kahele's shoulders. Also, Captain Quentin L. Van Meter's pen doesn't run out of ink, as he puts it. He is the chairman of the Pediatrics Department at Oak Knoll, and the 34-year-old secretary's immediate boss.

"Mrs. Kahele has been the embodiment of excellence," said Van Meter. "She has spent, voluntarily, easily between 10 to 15 hours per week outside of normal working hours attending to the tasks that are part of her ever-expanding job description. If a job must be done, it is done well, with a real smile and a sense of pride."

Kahele came to Oak Knoll in 1984, and first worked in the Central Appointment Office. She then transferred to another job as a switchboard operator, answering incoming calls and making overhead announcements.

"It was an interesting job," Kahele said. "Every call was different, and I worked with a real nice person. But some-

how, it got monotonous after a while, so I decided it was time to move on. I wanted to try something different and there was an opening for a secretary in the Pediatrics Department."

Married to Jerome, an Army sergeant assigned to the U.S. Army Dental Lab in Alameda, Kahele has always been a working mother, yet she still finds time to take care of her family needs. She has three children: Jason (13), Michelle (12) and Justin (10).

"My kids are well adjusted to the fact that I am a working mother," Kahele said. "They are independent kids. I have the time for them in the evenings and on weekends."

Somehow, her busy schedule doesn't leave her much time for herself, but she doesn't resent it. She loves it.

"I'm very satisfied right now," she said. "I'm a person who needs to be moving all the time, doing something. I can't sit still at home, it

drives me crazy. I have so much energy, and I've always been that way."

According to Van Meter, Kahele has never been absent from the workplace without a bonafide reason, and such absences have been pre-planned and well covered.

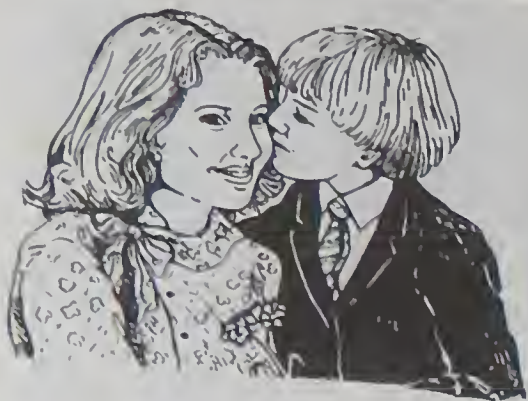
"Her tendency is to put her job ahead of her personal needs," said Van Meter. "Her loyalty to the Navy Medical Corps and its mission is without question. It is manifested in the caring, comforting way she deals with the public and with the other hospital civilian employees and military staff."

How does she feel being an Army brat herself, married to an Army sergeant but working for the Navy?

"It's a job," she said. "I've always done my best no matter who I am working for. I enjoy working for both the Army and Navy."

Kahele has been working for the government since 1974. She first started as a keypunch operator with the

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FOR MOTHER WITH LOVE

Hope you have a wonderful Mother's Day. I love you and hope to see you soon.
SR Si E. Carpenter
OOD's Desk

Happy Mother's Day to Charlene and Beverly Griffith.
George Griffith
Housekeeping

To Rebecca McGrew of Clairton, Pa,
Happy Mother's Day, and I wish I was there to give you a big hug and kiss. Thanks for being my Mom. I wouldn't trade you in for the world. I love you.

Your baby daughter,
Leatrice Britten
Operating
Management Dept.

Mom,
You are my best friend, and I miss sharing those wonderful things that we did together. Stay as you are. I love you.

HM2 Sandy D. Gaines
Patient Admin

Mom, I miss your kindness.
HM2 Allan D. Dunham
Cardiology Dept.

Mom, I miss you a lot. Hope you have a wonderful day. I'll be thinking of you.
AOAN Sherry Harkless
Special Services

Mom. You are a friend and much more. I love you very much.

HN Carl Seymore, Jr.
Cardiology

Mother, I wish you a very happy Mother's Day and may you have many more to come. I love you.
PN2 Randy G. Castro
PSD

Even though you are far away, you are thought of in every way. For my very special mother, I send you my love on your special day.
PC3 Larry E. Rains
Mail Room

To my best friend Mrs. Gussie Mae Smith. I love and miss you very much. Happy Mother's Day.

LTJG Pamela A. Smith
9-West

Happy Mother's Day to Deb Thomas from Clifton with love.

Clifton Thomas
Housekeeping

Happy Mother's Day to the best. I love you.

LTJG Teri Harris
9-W

Hey Mom, hope you have a wonderful Mother's Day. You're the best.

YN2 Jan Bekkala

Happy Mother's Day to my mother, Hazel Davis.
Edward Thomas
Housekeeping Dept.

All my love and I wish I could be with you on Mother's Day.

YNSN Robert B. Pierce
Publications and Directives

Happy Mother's Day. See you soon Mom.

LCDR Lee Hammond
Branch Medical
Clinic Treasure Is.

Mom, happy Mother's Day. Miss you a lot. Wish I could be with you on your day. I love you.

SH2 Eric N. Goren
Special Services



Dear Mom,

I just wanted to let you know that I love you and I'm so very glad that God chose me to be your daughter. Have a wonderful Mother's Day.

Rosalyn McCrary
Emergency Room

Dear Mom,

You've always been there for me during the good and bad times, and I may not have always said it enough, but I do love you and everything you stand for.

Your son,
Steven
HM2 Steven M. Hunter
Fiscal Dept.

Yo Mummy! Love on Mother's Day from Eve,
Eve Fraser
9-W

For being there when we needed you the most. Happy Mother's Day. With love from Karen.

HMC Karen J. Delisle
OOD's Desk

Dear Mom,

Have a Happy Mother's Day and I'll see you in June.

Your son,
Don
HM2 Don R. Keen
Disaster Preparedness
Office

I love you Mom and I wish I could spend the day with you.

Ouida Haskins
Nursing Services

Happy Mother's Day Ma! Love your long lost son.

DPSA Mark L. Biancanello
OOD's Desk

Dear Mom,

One day is never enough, but it's still great to be able to say we love you. A happy Mother's Day to the greatest mother there is,

Your son,
Kerry
HM3 Kerry D. Armstead
Fleet Liaison Office

Thinking of you always and love you much.
HN Angel Yorio
Operating Room

Thinking of you very much on Mother's Day. I love you dearly with all my heart.
ABH3 Canthes V. Nunaley
OOD's Desk

Happy Mother's Day and Happy Birthday to the most outgoing Mom in the world. I love you.
Stacy Cumbee

Dearest Mother,
I am your last,
The son from years past,
My childhood memories are great,

After school; snickers, kool aid, and cup cakes.

I love to reminisce,
But it is you that I miss.
Happy Mother's Day. I love you.

SN Mark T. Herrington
Public Affairs Office

Oak Knoll's top nurse

Continued from page 3

generations of Navy nurses.

"Everyone who is active duty, reserve or retired can join the Navy Nurse Corps Association," she explained. "We have members who were Navy nurses for four years in the 40's who never lost that special feeling about the Nurse Corps."

"It's quite impressive for me to meet and hear those people speak. Of course they come out of the WWII era, but they still have very strong feelings about being members of a very special group."

And, to hear the captain

speak, many of those special people are right here at Naval Hospital, Oakland.

"Nurses at this hospital are absolutely spectacular," she said with enthusiasm. "I couldn't be working with a more outstanding group of nurses."

A native of Philadelphia, Captain Carroll joined the Nurse Corps in 1963 and served in Spain as well as in many naval hospitals throughout the United States. She has been awarded the Meritorious Service Medical with gold

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Hi Mom! (Lillie E. Terrell)

How are ya? I'm writing this letter to let you know that I love you bunches. You are wonderful. I wish you a most wonderful Mother's Day. God Bless ya!

LT Tandra M. Hollingsworth
Emergency Room

Hi Mom!

I hope you have a very special day.

Love,
Jody
HN Jody A. Eakin
Cardiology Department

Hi Mom!

How are you? I'm fine. Not much else from me — simply random cerebral nerve firings from your son. I love you.

HN Al Carey

Mom,

I wanted to wish you a happy Mother's Day through the newspaper so everyone would know how much I love you and miss you. Although you're so far away, you're always on my mind and in my heart.

JEG ELSKE DIG —
Christine
SN Christine E. Schmidt
CMC's Office

May 11, 1990

Red Rover

Babyteeth — who needs them?

By LT Steve P. Milios, DC, USNR
Are Baby Teeth Important?

Absolutely YES! Even though baby teeth eventually fall out, they serve very important roles. Healthy baby teeth are needed for chewing, speech, and appearance. They also reserve space in the jaw for the permanent adult teeth to emerge into. If primary teeth are lost too early, the adult teeth could grow in crooked or crowded. This could cause problems requiring more extensive corrective treatment eventually. If your child loses a primary tooth early, the dentist might suggest a space maintainer be placed to hold the gap open for the adult tooth.

When Should I Start Caring for My Child's Teeth?

Your child depends entirely upon you for home dental care during infancy and early childhood. Decay (cavities) can begin as soon as baby teeth emerge (between ages six to ten months). As soon as your baby's teeth appear, you should clean them and the gums with a damp washcloth or a piece of gauze after every feeding. Continue this until most of the primary (baby) teeth are in. At this time, you can use an extrasoft children's toothbrush without toothpaste to gently brush them.

Babies who sleep with a bottle of milk, formula, or fruit juice in their mouths can suffer from NURSING BOTTLE CARIES, a severe form of tooth decay. Do your baby a favor and use only cool water if he/she sleeps with a bottle, or else only use a pacifier at bedtime.

Until your child brushes his or her own teeth, lay your child on your lap so you can see their teeth better when you brush them.

When Should My Child Visit the Dentist?

The American Academy of Pediatric Dentistry suggests that your child's first visit be by age one. Familiarize your child with the dentist and dental office in a positive way. Do not use going to the dental office as a form of punishment such as, "you better be good at the dentist or he will give you a big shot." Small statements as these can create lifetime fears. Early visits can prevent minor problems from becoming major ones. Be low key about the visit; your child has no reason to be afraid unless it's suggested.

Regular dental checkups are the key to healthy teeth. By taking good care of your baby's teeth, and teaching them good oral habits and home care, you can help them develop those habits to keep their teeth for a lifetime.

Nutrition notes

Healthy eating on the go

By LT Gerri-Lynn F. Ricciardi, R. D.,
MSC, USNR

The number of Americans consuming food away from home is increasing. This trend can be attributed to such factors as the increased number of women working outside the home, the convenience and reasonable cost of prepared meals and the greater number of individuals living alone, who do not have the time, desire or ability to cook for themselves. According to the 1985 Continuing Survey of Food Intakes by Individuals (CSFI), approximately 57% of the women and 69% of the men interviewed reported eating away from home at least once the previous day.

Nutrient imbalance

Foods consumed away from home can contribute significantly to an individual's total nutrient intake. Meals eaten away from home, particularly at fast-food restaurants, contribute to potential nutrient imbalances. Energy, fat and sodium, may be excessive in these meals, while calcium, dietary fiber and vitamins A and C may be limited.

Improved nutrition is one of the 15 priorities of the 1990 Health Objectives for the Nation. Achieving a mean serum-cholesterol level of 200 mg/dl and a mean sodium intake of 1.2 to 2.4 grams is a nutrition objective for adults. In view of the 1990 health objectives and of data showing people eating out more frequently, nutrition education should address strategies for healthful eating for individuals dining out.

The recommended levels for dietary fat, cholesterol and sodium are exceeded each time food is obtained from fast food restaurants. Despite the recent addition of salads and skim and low-fat milk at several fast-food restaurant chains, the selections at these restaurants are relatively limited. Individuals who eat all of a day's meals in fast-food restaurants may have difficulty consuming a day's intake that meets all of the dietary guidelines.

On the other hand, on the day in which meals are obtained in a variety of establishments, the dietary fat and cholesterol levels are in accordance with dietary recommendations. However, to make wise food choices, individuals need

some knowledge of food composition and preparation techniques.

Selecting foods in compliance with current dietary recommendations when dining out requires planning. First, diners should choose restaurants that serve foods suitable to their nutrition plans and personal food preferences. Dining guides are available that list restaurants preparing foods (regularly or by request) that meet the American Heart Association's dietary guidelines. A telephone call to a restaurant also may confirm whether such foods are available.

If entree descriptions are limited or missing from a restaurant menu, diners should ask about food preparation. Ask restaurant personnel such questions as: Do they or would they prepare a dish using vegetable oil or vegetable-oil/margarine instead of butter? Would they leave all butter, gravy, or sauce off an entree or side dish? Do they or would they limit portion sizes to four to six ounces of cooked meat, poultry, or fish? Could they serve fruit (fresh or in a light syrup) for dessert? Could they prepare a dish without added salt or monosodium glutamate? In restaurants that prepare foods

by request, individuals have greater control over the amount and type of fat and the amount of salt they consume. In general, simply prepared foods are the best choices.

Here are some tips to help ensure healthful food selections. For a low-fat intake, individuals should choose fresh fish or chicken, select red meats in smaller portions and less frequently and avoid processed meats. The foods should be baked, broiled, steamed or poached, with all visible fat trimmed away. Diners should also select low-fat dairy products, ask for milk for coffee or non-dairy creamers and request that salad dressings, sauces, gravies and butter or margarine be served separately. Individuals should also choose oil and vinegar over ready-mixed salad dressings, avoid processed meats and cheeses, request lemon slices to season foods and request that pickles, olives, and potato chips not be served with the entrees.

To ensure adequate fiber intake, diners should select a high fiber cereal for the morning meal, fresh fruit for appetizer or dessert, steamed or fresh vegetables as a side dish and whole grain breads.

Chaplain's corner

Holocaust remembered

By LCDR Kalman Dubov, CHC, USNR

Last week the world celebrated a unique event. Since 1984 the United States military commands have had a Holocaust Observance Service. Usually, there is a moment of silence and a service recalling the reality of when an entire government and its people failed the moral litmus test. Nazi Germany was the ONLY nation, ever, to have an established policy of extermination of an entire people.

This policy of genocide was perpetrated on an unsuspecting people with efficiency and scientific precision. Each aspect of the genocidal plan operated on the basis of maximum efficiency of production. People received awards and contracts based on their insights and ability to perceive any difficulties in the mass killing of human beings. Very few people at that time spoke up. If there is anything that these Days of Observances must teach, it is that we must always retain our own sense of right and wrong; that we must always be able to look and ask ourselves: what have we done to better the lot of mankind, and finally, that we must always be ready to speak out regarding a wrong done to another, be it a person or an entire nation.

In the Jewish community today, there is a sense of urgency. The Holocaust took place during the years of 1939 through 1945. Not many people are left alive who actually witnessed these gruesome crimes. If there is one thing that I would like to ask of each of you, it is that you attend a service where a living survivor bears witness to these tragic events and recounts a personal tale he or she went through in that kingdom of fire. Then, take those words and retain it for your children in the next generation, and you will be the bearer of that sacred testimony. It is the least our generation can do.

Easter egg coloring time!!



The kids confined in the Pediatrics Department at Naval Hospital, Oakland, had an enjoyable time coloring eggs during Easter celebrations at Oak Knoll. The eggs were courtesy of the Navy League, Oakland Chapter. Left, four-year-old Megan Silva learns the art from her mother. Megan was in the hospital to visit her little brother who had undergone appendectomy. Right, Jessica Sims is amused seeing how great the egg she painted turns out. Her father, Damond, by her side is in the Air Force. Jessica was admitted to Oak Knoll because of pneumonia. "She's progressing slowly but surely," said her father.

Our hats off to HMCS William J. Walker
on your promotion.

The Sporting World

Rattis took top slots in Bunny Run



LT Chin of Internal Medicine is all smiles after accepting his first place trophy in the 18-35 age bracket from HM2 Canneto, this year's Bunny Run chairman. (Photo by JO1 Dan B. Guiam)

By JO1 Dan B. Guiam
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — The Rattis once again swept the hospital's annual "5K Easter Bunny Race" held recently, capturing the first and second slots in the overall finish.

Julios Ratti took the top lead, clocking at 14:00, while his son, Nick, came in second, 14:56. Lieutenant Colin Chin of Internal Medicine placed third, 15:56.

"The Rattis are here all the time," said Chin. "We have good races between us. I run this race every year and I try to do better each time. Right now my major goal is to run the triathlon."

Chin also vested first in the

18-35 age bracket (men), while Nick bagged the first slot for the 17 and under age group. Jeff Mengel, who clocked at 17:41, finished behind Chin. Little Ryan Ramirez, the son of Hospital Corpsman 1st class Renato Ramirez of Pharmacy, was Nick's runner up.

In the women's division, Sallie Jett, the wife of Lieutenant Commander Lynn Jett of Dental, emerged the top finalist. She won an easy victory in the 18-35 age bracket, clocking at 16:09. Phyllis Purdhomme came in a distant second, timed at 24:21.

"I feel pretty good," said Jett. "It's fun. It's good to push yourself in a race. You try to do better in each race. I did better this time."

Leslie O'Connor took the plum in the 36-year old and over bracket, 23:21, followed by Dorothy Thayer.

In the 17-year old and under category (female), Saoja Smith placed first at 23:37.

From the XO

Continued from page 2
with other staff members. Working side by side with their military counterparts, they have integrated well into our concept of team work and have embraced the Navy's way of doing things. Our nurses, military and civilian, deserve a pat on the back. They have done a tremendous job in upholding Oak Knoll's reputation as a "very special place" where patients are number one.

To all our nurses, civilian and Navy, our most sincere thanks for a job well done.

Christi Carter trailed behind her at 26:41. Fifteen-year-old Christi is the daughter of Senior Chief Hospital Corpsman Clifton Carter of Nursing Services. This race was the first one she entered.

"It was fun," she said. "The weather was perfect for running. I plan to enter more races."

This year's race drew a big turnout much to Hospital Corpsman 2nd Class Rebecca Canetto's surprise. "I'm impressed!" she said. "We had 50 T-shirts made but we didn't expect more than 50 participants."

The Pharmacy Department had the biggest contingent of runners, headed by Chief Hospital Corpsman Julian Talosig.

"We always support the command," said Hospital Corpsman 1st Class Marty Manalastas of the Pharmacy Department, secretary of this year's Bunny Race. "It enhances our camaraderie and helps build morale."

Look who are smilin'!

The chiefs at Oak Knoll, headed by HMCM Michael L. Stewart, are all celebrating for defeating the first class petty officers during the recent softball match, 15-10. Bravo Zulo!

Bravo Zulo!

Pramacists promoted

NAVAL HOSPITAL, OAKLAND — Six hospital corpsmen in the pharmacy field (8482) reenlisted recently under the Navy's Star Program, a reenlistment incentive that guaranteed them automatic promotion to the next higher rank and green bucks (SRB - Selective Reenlistment Bonus).

The newly advanced HM2's, who are "richer" but have to fulfill six more years in the service are:

HM2 Brian S. Hillerman
HM2 Derek C. McKechnie
HM2 Joanna M. Miclat
HM2 John N. Santoiemma
HM2 Robert G. Stackman
HM2 Edward J. Tennant
Congratulations! As the Navy recruiting slogan says, "Move up, not out!"

Women varsity team off to a good start

NAVAL HOSPITAL, OAKLAND — Oak Knoll's Women Varsity Softball Team clinched victory during the season's opening game held here on May 2, beating the heavily favored Flyers of Naval Air Station Moffett Field, 4-3.

"It was a great start," said Hospital Corpsmen 3rd Class Kerry L. Barnett. "If we can hold together like we did during the opening night, we'll do allright throughout the entire season."

"I'm very happy," said Ship's Serviceman 2nd Class Alice C. Simmons, another member of the Oak Knoll team. "It gives the player a more confident feeling."

During the first game, Lieutenant Junior Grade Betsy A. Bowers made two exceptional catches in the left field while Simmons hit a triple and one RBI. Barnett made a remarkable double at the end of the game, paying the way for a hard fought win.

The varsity teams of NAS Moffett Field and NAS Lemoore have been the top contenders for the last two years, and beating a team to reckon with, according to Barnett, boosts the team's confidence.

"We're still growing," said Barnett. "But we have an exceptionally good team. Everyone puts in a good effort. It's not a one-man effort."

"Our best asset is we all have a good attitude," Barnett continued. "But we need more players."

Anybody interested in joining the Oak Knoll's Woman Varsity Softball Team should contact Barnett at ext. 35980, or Lieutenant Commander Alison L. Mueller at ext. 36113.

The rest of the team includes Hospitalman Sherry Atwood, Julie Gaddeberg, Lieutenant Commander Linda Klammer, Hospitalmen Kelly Long, Lori Payne, Seaman Apprentice Sandra Stone, Personnelman 2nd Class Dusty Trask and Hospital Corpsman 2nd Class Tammy Payne.

Mueller's husband, Jim, coaches the team.

Oak Knoll's top nurse...

Continued from page 3

star, the Navy Commendation Medal and the National Defense Service Medal. She holds certification from the American Nurses' Association in Nursing Administration for 1989-1993.



CAPT Carroll (right), looks at the correspondence her secretary, Trudy Silva, prepared for her signature. (Photo by JO1 Dan B. Gulam)

'Civilian of the Quarter'

Continued from page 5

U.S. Military Academy in West Point, New York, where her father was assigned.

At Oak Knoll's Pediatrics Department, Kahele has good words for everyone — a sense of pride for the camaraderie the whole staff enjoys.

"We're one big family here," she said. "We all get along well. We just have a good group of people here who are able to work well and get the job done right."

Van Meter feels the same way, especially about her. "I am constantly complimented about having the nicest secretary in the whole command."

Nominate a Super Star!

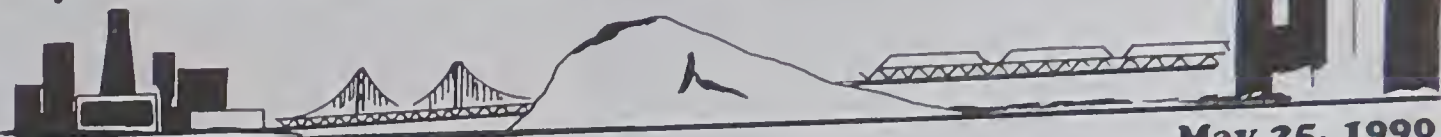


Now any employee can nominate a deserving coworker for a prestigious Federal Employee of the Year Award in one of 17 categories. Help gain recognition for someone you know who's special either on or off the job. Contact Civilian Personnel at 633-6374 for further information. Deadline for entries is May 18.



RED ROVER

The Navy's first commissioned hospital ship



May 25, 1990

Volume 2, Number 11

Naval Hospital, Oakland 94627-5000



Commander Dorothy A. Michael, the command's Quality Assurance Coordinator, shows her spirit during the three-day Joint Commission of Accreditation of Healthcare Organizations Inspection from May 2-4. (Photo by SN M. Herrington)

NHO passes inspection with flying colors

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — A wave of pride swept Oak Knoll compound on May 4 when the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) survey team commended staff members for a job well done. With the exception of a few recommendations for very minor improvements in some of the areas reviewed, the command passed inspection with flying colors.

According to Commander Dorothy A. Michael, Nurse Corps, the command's Quality Assurance Coordinator, surveyors George Larson, MD, (Medical Services), Elizabeth Loftis, RN, (Nursing Services), Robert Keller (Administration) and James Nunnally, (Ambulatory Services) will recommend accreditation for the next three years, subject to

rectifications of several secondary issues.

Among those issues are:

- Requirements to improve documentation in Medical Records relating to patient education, discharge planning and review of care plans.

- Infection control surveillance (subject to increased staffing).

- Requirement of an annual review of specific policies and procedures.

- Cross communication among command committees.

No major discrepancies were noted by the team. In fact, they had nothing but praise for the hospital staff.

"I have no [improvement] recommendations for the governing body and management functions, and that very seldom happens," said Keller. "I've been with the Joint Commission about three years now, surveyed about 300 hospitals in that time, and that gives you a frame of reference... I was

See JCAHO, pg. 6

Navy League honors Senior and Junior Nurses of the Year

By JO2 Tami Begasse
Red Rover Editor

NAVAL HOSPITAL, OAKLAND — Lieutenant Commander Linda G. Klammer and Lieutenant Junior Grade Charles G. Loftis were awarded the Senior and Junior Nurse of the Year on May 15.

The Oakland Council of the Navy League honored Klammer and Loftis along with the four semi-finalists during a luncheon at Club Knoll. Paul D. Kent, President of the Oakland Council of the Navy League, began the presentation by outlining the three criteria in which the nurses were graded. They are: demonstrated nursing ability, teaching competence and managerial/supervisory skills. Klammer and Loftis both received a plaque, certificate, a Cross

pen set for their desks and a free weekend at the Hilton.

"I am pleased and proud to be part of the team," said Klammer, senior nurse of the year. "I thank the Navy League and my fellow Nurse Corps officers and corpsmen."

Junior nurse of the year, Loftis, was very honored too.

Jr. and Joyce E. Basick, received plaques and certificates.

Director of Nursing Services, Captain Maria K. Carroll, followed Kent with Naval Hospital, Oakland, plaques to the senior and junior nurses of the year.

The Nurses of the Year demonstrated: nursing ability, teaching competence and managerial skills.

"Nurses can always use a pat on the back — it feels good. Thank you Navy League and my peers for this award."

Semi-finalists, Lieutenant Commanders Michael R. Galaher and Rhonda K. Gibson, and Ensigns Arthur B. Hanley

The recognition ceremony is an annual event sponsored in full by the Oakland Council of the Navy League which currently has 70,000 members. Helen Cupper, Command Support Committee, coordinated the event.



(Left to right) Paul D. Kent, President of the Oakland Council of the Navy League, Lieutenant Commander Linda G. Klammer, Senior Nurse of the Year, Lieutenant Junior Grade Charles G. Loftis, Junior Nurse of the Year, and Captain Maria K. Carroll, the hospital's Director of Nursing Services. (Photo by JO2 T. S. Begasse)

Asian Pacific American Heritage Week ...NHO staff members pay tribute



By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND -- "Tenacity, dependability, respect for law and order and love of family is the essence of the Asian American community," Alex Exclamado told Oak Knoll staff members during the hospital's Asian-Pacific American Heritage Week celebration recently.

Publisher and editor-in-chief of the **Philippine News**, Exclamado took a break from the time consuming pressures of newspaper production to come to Oak Knoll as keynote speaker for a lively tribute to the cultural, social and economic achievements of this unique American ethnic group.

"American society is in danger of exterminating its family unit [through] divorce and broken homes," he said, pointing out that this is not true of the Asian American community. "For Filipino Americans, Chinese Ameri-

See Tribute, pg. 6



(Top) Rear Admiral David M. Lichtman joins a "Dancer of the Pacific" in a Polynesian dance during the Asian Pacific American Heritage Week program May 9. (Bottom) The audience participates in a traditional folk song led by Lisa Aguilar. (Photos by SN M. Herrington)

From the Commanding Officer RADM David M. Lichtman, MC



Congratulations!

Thanks to all of you, Oak Knoll did remarkably well on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey.

The physician observer found virtually everything to his liking here. The nurse observer had only a few suggestions for us, and the surveyor for ambulatory care had just one. We did receive several recommendations in the areas of plant property and safety, mostly due to our life safety renovation project, P-122. All in all, we did extremely well. In all my years in the health care profession, I've never been in a hospital that got such good results. Bravo zulu!

What's really remarkable

is that in a military treatment facility like Oak Knoll, all of you have to work twice as hard to keep our standards up. We in the military don't usually stay in one place for more than a few years; consequently, to pass a tough test like a JCAHO inspection, everyone has to learn a new job first.

That you did so well on this survey says a lot about the kind of people who work in military treatment facilities. You are good, and your spirit is reflected in the highly favorable impression you made on the surveyors.

We don't have the final word yet from JCAHO, but all indications are that we passed with flying colors. Thanks to all of you!

You can stop smoking ...without gaining weight

Courtesy of Navy Family Housing News,
Vol. 16, No. 2

It's true. But if you want to kick the habit without gaining weight, the key to success is... strategy.

Start now to plan healthful, lower-calorie meals. Say "goodbye" to the days you opened the refrigerator and made a meal of whatever was there. Make a shopping list that includes fresh vegetables for snacks, and be ready for the week ahead.

Get that exercise program going. It's easy to burn a thousand calories or more each week, and be healthier for having done it whether you ultimately quit or not.

Avoid diet-busting situations, like a coffee break where cake will be served. Take a walk or do an errand instead.

Stay busy so boredom doesn't drive you to food. Plan activities that don't include dinner. A movie, walking through the shopping mall, or going for a swim will keep you

away from both cigarettes and snacks.

Smoking increases the metabolism, resulting in an extra calorie burn of about 100 calories a day. Though this would add up to a weight gain of just over one pound per month, many ex-smokers gain much more because they replace cigarettes for food. If you have to resort to eating to still a nicotine craving, try fresh vegetables or diet candy.

Without smoking in your life, you will feel better than you have for years. With more energy at your disposal, you can participate in more physical activities.

About 36 percent of deaths attributed to smoking are linked to heart and blood vessel diseases. But when a smoker quits, the risk of heart disease declines rapidly.

Stop smoking! Plan ahead so you don't gain weight, but remember this: You would have to gain 75 pounds to offset the health benefits a normal smoker gains by quitting.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published bi-weekly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, Oakland, CA 94627-5000.

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Editor ... JO2 Tami Begasse
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Budget tips

WASHINGTON (NNS) — The Navy is distributing two Department of Defense (DoD) videotapes around the world to help sailors learn the lessons of how to manage their money better.

The two tapes, "Budgets and Checking Accounts" and "Credit Buying," are on their way to 900 major commands, shore stations, selected ships, naval education and training support centers as well as family service centers. The tapes are part of an upcoming, long-range, comprehensive personal financial management program from the Naval Military Personnel Command scheduled for activation in fiscal year 1990.

May 25, 1990

Dental Corner**Taking it on the chin**

By LCDR Thornton Jett
NHO Dental Department

NAVAL HOSPITAL, OAKLAND CALIF. — The chin has long been the basis on which the character of an individual is judged. It is one of the most obvious facial features, and presents a true challenge to the oral surgeon.

It has only been within the last 30 years that reliable oral maxillo facial surgical techniques have been developed to alter the chin's contour with the use of artificial materials or implants. Through soft tissue analysis, knowledge of facial aesthetics, artistry and a proper surgical technique, multiple variations in facial form can be achieved.

Despite the differences in cultural, ethnic and historical criteria for aesthetically pleasing facial features, some of the latter have remained dominant aesthetic constants between cultures and races, regardless of the time.

Chins have long been referred to as being "weak" or "strong." A weak chin is usually associated with femininity, and a strong chin with masculinity. Thus, in the male a weak chin has undesirable associative characteristics, and the opposite holds true in the female.

Despite recognition that some chins are more aesthetically pleasing than others, most people are unaware that surgical correction is available.

Examination of the patient involves a detailed analysis of soft tissue and bony contours in three dimensions — noting problems in the vertical, horizontal and anterior-posterior planes. This is accomplished through clinical evaluation, radiographic interpretation of soft tissue and bony contours and analysis of facial photographs. Correction is based on information from each of these areas.

For anterior-posterior deformities, the lower facial structures form a near straight vertical line where the chin, lips and a point just below the nose usually lie. To assess vertical deformities, the lower face is divided into segments and the spatial relationships of each are compared.

Assuming the upper and middle facial thirds are proportional, the lower third should be equal or close. Evaluation of transverse deformities should be undertaken in a clinical setting where soft tissue curvatures of the nose, cheeks, lips and chin are compared during function.

Artistic sense in relationship to facial balance are of utmost importance when planning treatment in this dimension. Final surgical correction relies on information gained from each of these areas.

Surgical correction involves a short hospital stay — with one day for check-in, and surgery on the second day. The patient is usually discharged the next morning. Recovering time is minimal and the follow-up is short term. When well planned and well executed, complications of chin surgery are uncommon.

In summary, because the chin is an important judgemental facial feature for the evaluation of an individual's character, its contour influences how others perceive us.

Through a relatively uncomplicated and low-risk procedure, aesthetics and social relationships can be improved. These procedures are performed routinely at Naval Hospital, Oakland. For questions, contact the oral and maxillo facial oral department at (415) 633-5348, AV 828-5348.

Lunch-time shuttle service

For your convenience, a van shuttle service will be available from various areas on the compound to the Club Knoll. The blue shuttle van will start at the Naval Hospital circle at 11 a.m. The shuttle route is as follows:

- NHO (Front Circle)
- SF Medical Command (at Flag Pole)
- BLDG 69B (South Gate)
- BLDG 101 (Front)
- BEQ 501 (Front)
- Club Knoll
- BLDG 505 (Supply Parking Lot)
- NHO (Front Circle)

Rounds will be 10-15 minute intervals. This is a great way to get an excellent lunch super fast. Questions can be directed to SH2 Horitzuela at ext. 34512 or ET1 Strange-way at ext. 36015.

Catholic Nun runs NHO's Medical Records Department

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL, OAKLAND — Neat and trim in her dark blue skirt, coordinated high-heel shoes and white blouse, Oak Knoll's supervisor of medical records secures her files before directing a patient to the appropriate coder.

If it weren't for the short veil hinting at her religious status, the patient might not have realized he had been talking to Sister Elizabeth, a nun who joined the order of Saint Elizabeth's Sisters of Charity in New Jersey in 1944.

"I applied for a job at Naval Hospital, Oakland, in 1981 after working as assistant supervisor of medical records at Kaiser Permanente," she said, explaining she left Kaiser for Oak Knoll because the latter had a chapel where she could participate in the religious life. In fact, although she no longer performs that service, she was a Eucharist minister for about two years — giving sacraments during Roman Catholic services.

And lest you wonder what a nun is doing working in an occupation usually held by a layperson, Sister Elizabeth explained this came about as a result of Vatican Council II when, in the early sixties, Pope John XXIII started a Catholic Church liberalization movement that eventually led to nuns' being allowed to seek employment in

the secular world.

"This was permitted to help our religious communities financially," she clarified, indicating she sends her salary to her New Jersey order which, in turn, gives her enough money for living expenses and residence at St. Felicitas in San Leandro.

Originally hired by Oak Knoll as a coder, (someone who

for the sister's professionalism and pleasant personality.

"She's refreshing, not judgmental, and does not fit any stereotypical religious type role," Finley said about the sister. "She's dealt with shortage of personnel for the longest time, but never lost her sense of humor. She's very generous, and has used her own money to provide

Sister Elizabeth's sunny disposition, generosity and dedication is well known at Oak Knoll

records appropriate codes for disease, diagnosis, surgical procedures, etc. on discharged patients' medical charts), she became supervisor of the hospital's Medical Branch's Inpatient Division in 1984, after Karoline Gunter retired, and has been a mainstay of that department ever since. In fact, as the only certified registered medical record administrator (MRA), she was invaluable to the department's preparation for the visit of the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO).

Her sunny disposition, generosity and dedication to duty is well known in the department. In fact, Ensign Leslie K. Finley, Medical Service Corps, head of Inpatient Medical Records Division, had nothing but praise

[the department] with better coding books.

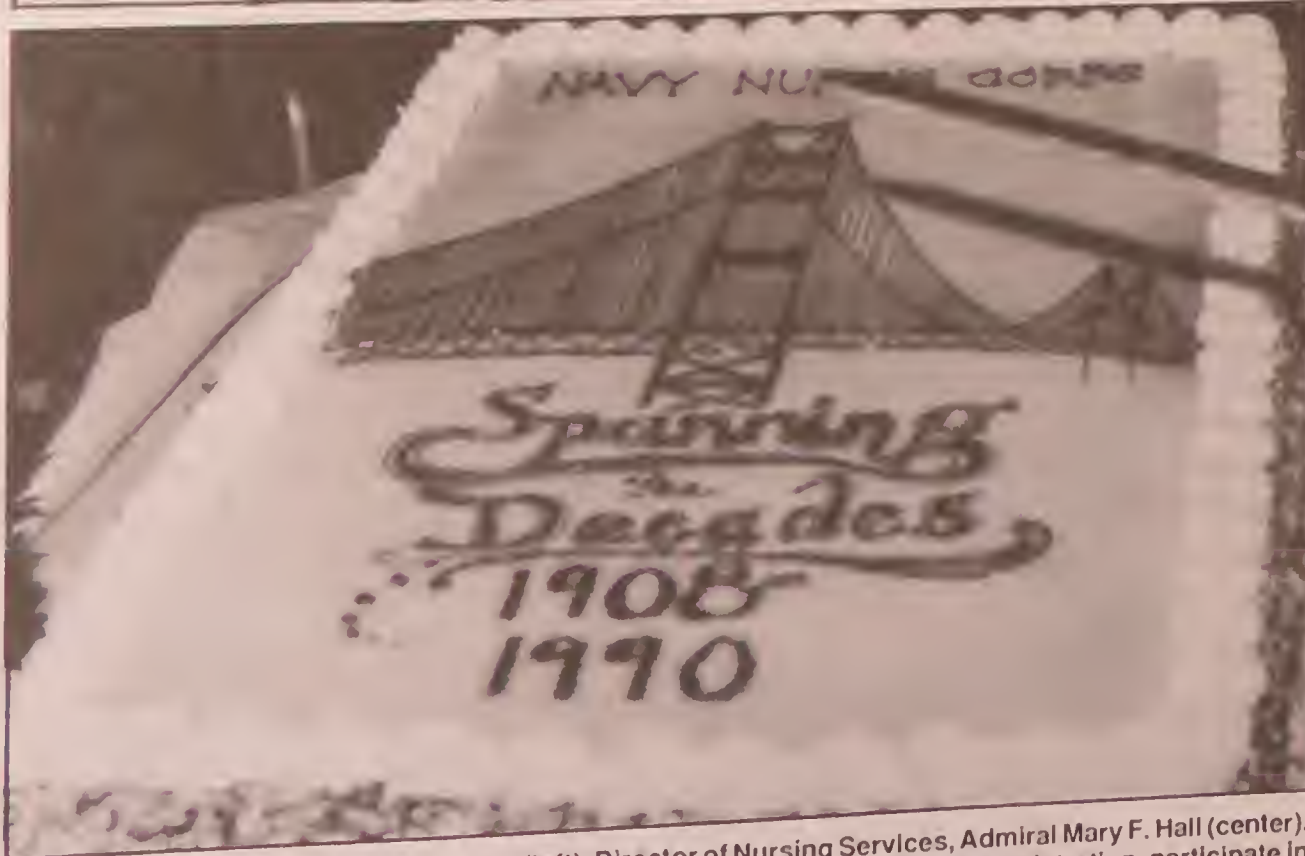
"We've been working together for about six months," Finley added, pointing out that Sister Elizabeth assists all patients that come here, coordinates record pulling for very extensive monthly peer reviews, approves the coding, oversees archiving of records and performs a host of other demanding duties.

"As the only MRA in the hospital, her contribution to preparation for the recent JCAHO survey was indispensable," Finley concluded. "She's completely focused on medical records and I think she's definitely an asset to the department."

Sister Elizabeth has a Bachelor of Science in Education, and has taught elementary school for 25 years.



SN Derek R. Marsh releases some frustration at the "car bashing" fund raiser May 4. Profits go toward the 1990 Hospital Corps Birthday Ball. (Photo by SN M. Herrington)



(Top to bottom) Captain Maria K. Carroll (left), Director of Nursing Services, Admiral Mary F. Hall (center), Director of the Navy Nurse Corps, and Ensign Danny C. Jackson, Nursing Administration, participate in the cake cutting ceremony during the 1990 Nurse Corps Ball held at the San Francisco Airport Marriott. (Middle) NASA Astronaut Kathryn D. Sullivan (center), PhD, receives a plaque from Captain Carroll as Rear Admiral David M. Lichtman looks on. Sullivan was the honored guest speaker at the ball. As a mission specialist on STS-31, Sullivan shared videotaped footage from the deployment of the Hubble Telescope. (Bottom) "Spanning the Decades, 1908-1990" was this year's Navy Nurse Corps Birthday theme. (Photos by JO2 T. S. Begasse)

Spanning the 1908

Senior Nurse of the Year



Linda G. Klammer, Lieutenant Commander, NC, USN

Command: Naval Hospital, Oakland

Workcenter: Nursing Services, Critical Care/Medicine Department, 9-West

Job Description: Division officer, Ward 9-West

Family Status: Single

Hometown: Hutchinson, Minnesota

Hobbies: Sailing, tennis, books and music

Likes: Sun, sea, wind, ideas and possibilities

Q: What is the most challenging part of your job?

A: Continuing to uphold Navy standards and traditions through changing conditions and resources.

Q: What is your immediate goal as a nurse?

A: To spearhead the clinical consultant role development at Naval Hospital, Oakland. The new position will begin in July 1990.

Q: What is your long-term goal?

A: Complete a PhD in Nursing Administration and perhaps to serve as Director of Nursing Services at a Naval hospital one day.

Q: What does being a member of the Navy Nurse Corps mean to you?

A: It means being part of the history and tradition of the Navy Nurse Corps — bridging the past to the future.

Q: What advice would you provide to individuals interested in joining the Navy Nurse Corps?

A: Set high goals and standards. Accept the challenge. Know that each individual makes a unique contribution. Then, have fun! Enjoy the adventure!



May 25, 1990

e Decades

1990

Junior Nurse of the Year



Charles G. Loftis, Lieutenant Junior Grade, NC, USN

Command: Naval Hospital, Oakland

Workcenter: Critical Care/Intensive Care Unit

Job Description: Staff nurse and relief charge nurse

Family Status: Married to Sonja Dee with a nine-month old boy, Tyler

Hometown: Carterville, Illinois

Hobbies: Golf, scuba diving, hiking and other outdoor activities

Likes: Reading professional journals and military-technology thrillers

Q: What is the most challenging part of your job?

A: Educated to prevent patients from becoming emergency codes, I find the most challenging and mentally stimulating part of my job is stabilizing a patient who is coding or on the verge.

Q: What is your immediate goal as a nurse?

A: Now that I've passed my Certified Critical Care Nurse (CCRN) exam, I would like to further my knowledge in this field and become more autonomous in my judgement within the scope of nursing.

Q: What is your long-term goal?

A: To become a nurse anesthetist.

Q: What does being a member of the Navy Nurse Corps mean to you?

A: As a nurse in the Navy, one does not work just as a staff nurse. We are expected to work with the medical team on patient care, educate corpsmen on various aspects of patient care and orient new nurses. Along with this, we evaluate their progress. Working in operational billets and receiving instruction in a very unique field is a strong benefit, plus it allows me to develop as a leader.

Q: What advice would you provide to individuals interested in joining the Navy Nurse Corps?

A: Be flexible and adaptable. Don't shy away from new opportunities. Learn from, and experience, all the unique characteristics the Navy has to offer.



(Top to bottom) Lieutenant Commander Alison Mueller, (at podium) along with Lieutenant Junior Grade Edward Bates (left of podium) were masters of ceremony during the Nurse Corps Ball. Rear Admiral David M. Lichtman (left) and his wife Frances Lichtman (right) were seated at the head table along with other distinguished visitors. (Middle) Over 700 people attended this years festive gathering to honor past, present and future Navy Nurses. (Bottom) The Navy Band, Treasure Island plays contemporary music, much to the approval of those at the 1990 Nurse Corps Ball. (Photos by JO2 T.S. Begasse)

REEL Business about

"Cadillac Man"

Would you buy a car — or a smooth line — from Robin Williams? Would you trust him to come up with his best sales pitch ever to save the lives of an entire dealership when a cuckolded husband (Tim Robbins) takes them all hostage? Hard to say, you say?

At least you definitely can trust that Robin Williams creates another memorable character in Joey O'Brien: Legend, lover, salesman!

Producer/director Roger Donaldson ("No Way Out," "Cocktail," and the New Zealand hit "Smash Palace") used his car-salesman father's "war stories" in creating his first American film that has been his own project since its inception. Williams contributed not just his manic creative energies but also his own memories of his father's days as an executive with Lincoln Continental. As the topper, writer Ken Friedman was a New York City cabbie.

"Cadillac Man" is an Orion Pictures release of a Donaldson/Roven-Cavallo Production and a Roger Donaldson Film. The dark comedy is rated "R" and runs approximately 95 minutes.

JCAHO, from cover

very impressed with the excellence."

As one of the two key players in the preparation for the survey, Captain Robert R. Abbe, Medical Corps, Director of Clinical Services, was pleased.

"I was very happy with the survey, particularly for the clinical area," he said. "We impressed the surveyors that we met or exceeded the clinical standards they published."

Michael, the other key player, was no less elated.

"I was so pleased because it showed real team work. Our people were confident in what they had done, and they wanted to show off their work," she said, adding she was disappointed for those departments and branch clinics whose staff worked just as

TRIBUTE, from pg. 2

cans, Japanese Americans, it is an honor, duty and obligation to take care of their old people," he explained. "Westick together, combine our resources, buy new houses and encourage our children and their families to stay at home, even if they have to sleep in the living room."

After a luncheon in the hospital's galley attended by

Civilian Corner

Open season for TSP

Open season for the Thrift Savings Plan (TSP) began May 15 and will end July 31, 1990.

Eligible employees may enroll, increase or decrease amounts saved and Federal Employees Retirement System employees can change their

investment options. All elections and changes become effective in July.

For more information about the Thrift Savings Plan or any other program that interest you, just call Syndey Santos at 633-6374.

Workshops at NFS Center

By Sue Foulkes Area Public Affairs Office

NAVAL AIR STATION, ALAMEDA — Three workshops have been scheduled for the month of June. They are:

Resume Writing

June 6 at 7:00 p.m.

This workshop presents the basic components of an effective resume so you may choose a format that emphasizes your special skills and experiences. The resume is the basic tool of the job search process. Get off to a fast start by having a dynamic resume.

How to obtain a Federal job

June 7 at 10:00 a.m.

This workshop will cover important information on how to fill out the standard government application form as well as tips on how and where to seek federal employment. A representative from civilian personnel will conduct the workshop.

Employment Outlook — Accounting/Finance

June 13 at 7:00 p.m.

Do you have at least two years experience in banking, accounting/finance, bookkeeping, accounts payable, accounts receivable, and data entry? Would you like to learn more about careers in accounting/finance fields? Staff members from the Robert Half Organization will discuss both temporary and permanent employment opportunities and options in the fields of accounting/finance.

All workshops will be conducted in the Family Service Center Conference Room (Bldg. 613). Anyone interested in attending any of the workshops is urged to register by calling (415) 263-3136.

hard but were not visited. "But we're all in this together, and we'll celebrate together," she emphasized.

Begun in the 1950's, JCAHO is a nationally recognized organization composed of members from all major professional organizations — American Medical Association (AMA), American Dental Association (ADA), American College of Surgeons and more.

"They watch, they check, inspect and also help [military and civilian medical] facilities that have problems meeting their standards," Michael explained, emphasizing that their validation is a very important factor not only for Naval Hospital, Oakland, but also for the Navy, for the Department of Defense (DoD), Congress and the community

at large.

"It validates our work and shows the military command and civilians the optimally achievable standards to which we hold ourselves," she said, adding that it has great impact for the hospital Graduate Medical Education (GME) program.

But the survey team does not do the actual validation. According to Larson, that decision is made by JCAHO headquarters office in Chicago, who will send official notice to the commanding officer in 60 to 90 days. By the way, the survey is not quite over. The Alcohol Rehabilitation Department staff is still hard at work for their visit by Hugh Chavern, MD, scheduled for June 6.

Oak Knoll's leadership, Exclamado toured the hospital with Navy staff members and Philippine Vice Consul, Mario L. de Leon, Jr.

The Filipino newspaperman's warm wit and humor peppered the subsequent cultural program organized by the Equal Employment Opportunity staff, who outdid themselves for the occasion. Featur-

ing a tae kwon do exhibition by Mess Specialist Seaman Pok Ki O, a Filipino love serenade by Chaplain Corps Commander Wayne L. Bouck and songs by the hospital choir, the festivities culminated with a colorful program of Hawaiian and Tahitian music and hula dancing. Lisa Aguilar and her "Dancers of the Pacific" provided expert entertainment.

June Educational Opportunities

The following courses will be offered in the month of June:

Length	Date	Title/Description	Eligibility
8 hrs	June 13	Performance Management How to write performance evaluations	Supervisors
16 hrs	June 19-22	Supervising the Problem Employee: Leave use and abuse, discipline, grievance procedures, etc.	Supervisors

Civilian jobs available

Position	Title/Service Grade	Location	
Personnel Actions Clerk (Typing)	GS-203-04/05	Various Locations	OUF
Industrial Hygienist	GS-690-7/9/11	Various Locations	OC
Laboratory Worker	WG-3511-02	Navy Drug Scr. Lab	OUF
Physical Science Aid	GS-1311-04	Navy Drug Scr. Lab	OC
Physical Science Tech	GS-1311-4/5	Navy Drug Scr. Lab	OC
Physical Science Tech	GS-1311-5/6	Navy Drug Scr. Lab	OC
Health Technician	GS-640-4/5	Various Locations	OC
Secretary (Typing)	GS-318-4/5	Various Locations	OC
Medical Clerk	GS-679-04	Various Locations	OC
Clerk-Typist	GS-322-3/4	Navy Drug Scr. Lab	OC
Medical Clerk (Typing)	GS-679-3/4	Various Locations	OC
Claims Clerk (Typing)	GS-998-04	Patient Admin.	OC
Supvy. Medical Technologist	GS-644-11	Navy Drug Scr. Lab	OUF
Supvy. Chemist	GS-1320-11	Navy Drug Scr. Lab	OUF
Clerk-Typist	GS-322-3/4	Various Locations	OC
File Clerk	GS-305-3/4	Various Locations	OC
Facilities Engineer	GS-801-11	Facilities Mgmt.	OUF
Laundry Worker	WG-7304-02	Housekeeping	OUF
Support Service Spc.	GS-342-5/6/7	Occupational Health	OUF
Supvy. Nurse Spc.	GS-610-11	Occupational Health	OUF
Nurse Practitioner (Family)	GS-610-9/11	BMC, Moffett Field	OUF
Occupational Health Nurse	GS-610-09	MSC/OAB-BMC Oakland	OUF
Industrial Hygienist	GS-690-12	MSC/OAB BMC Oakland	OUF
Medical Technologist	GS-644-7/9	Laboratory	OC
Medical Technician	GS-645-07	Laboratory	OC
Supply Technician	GS-2005-05/06	Supply	OUF
Housekeeping Aid	WG-3566-02	Housekeeping	OUF
Laborer	WG-3502-03	Housekeeping	OUF
Word Processing System Operator (Typing)	GS-303-05	Word Processing	OUF
Clerk-Typist	GS-322-05	Laboratory Dept.	OUF
Voucher Examiner(Typ)	GS-540-4/5	Supply Dept.	OUF
Vocational Nurse	GS-820-05	Nursing Services	OUF
Laboratory Worker	WG-3511-04	OR Nursing/CSR	OUF
Medical Technologist	GS-644-11	Laboratory Dept.	OUF
Physical Science Tech.	GS-1311-7	Navy Drug Scr. Lab	OUF
Medical Technologist	GS-644-7/9	Navy Drug Scr. Lab	OUF
Chemist	GS-1320-5/7/9	Navy Drug Scr. Lab	OUF
Credential Coordinator	GS-303-07	Quality Assurance	OUF
Safety & Occupational Health Manager	GS-018-12	Directorate of Community Health	OUF
Safety & Occupational Health Specialist	GS-018-09/11	Directorate of Community Health	OUF
Fiscal Manager	GS-501-12	Navy Drug Scr. Lab	OUF
Firefighter (Structural)	GS-081-5	Fire Dept.	OUF
Procurement Clerk(Typ)	GS-1106-4/5	Supply Dept.	OUF
Medical Officer (General Practice)	GS-602-13	Various Locations	OC
Medical Officer (Occupational Med)	GS-602-13	Various Locations	OC
Occupational Health Nurse	GS-610-9	Various Locations	OC
Nurse Practitioner	GS-610-9/11	Various Locations	OC
Clinical Nurse	GS-610-9	Various Locations	OC
Chemist	GS-1320-5/7	Navy Drug Scr. Lab	OC
Health Technician	GS-640-4/5	BMC Alameda	Jul 23/90
Medical Officer (OB/Gyn)	GS-602-13	Gynecology	May 30/90
Social Worker	GS-185-11	Various Locations	OUF

Closing Date
OC - Open continuously OUF - Open until filled

Applicants should refer to the individual vacancy announcement for complete information and qualifications. Announcements may be obtained by calling (415) 633-6372 or Autovon 828-6372, Monday through Friday, 8:00 a.m. - 4:00 p.m., or visiting the Civilian Personnel Office at 8750 Mountain Boulevard. **Filling of these positions may be delayed due to the DoD hiring freeze.**

May 25, 1990

Red Rover

People, places and events...



Cohen reflects on 20 years

Harriet V. Cohen receives her 20-year pin and certificate from Rear Admiral Lichman during a recent awards ceremony. Cohen has been the hospital's administrative librarian at the medical library located on the 3rd floor, since August 1985. (Photo courtesy of MedPhoto)



Cook commissioned

Ensign DeEtta Cook, from St. Louis, just after her commissioning ceremony in the Navy Nurse Corps. Admiral Mary F. Hall, Director of the Navy Nurse Corps, performed the ceremony during a special recruiting visit aboard USNS Mercy May 11. Cook will join the Naval Hospital Oakland team. (Photo by JO2 T.S. Begasse)



Kern bids farewell

HMC Robin L. Kern renders her final salute as she retired from active duty. Kern was attached to the Naval School Of Health Sciences, San Diego Detachment, Oakland. (Photo by SN M. Herrington)

Don't forget your medical coverage

By Evelyn D. Harris
American Forces Information Service

DoD health officials remind certain persons to take advantage of a special insurance program so they won't lose medical coverage after they leave the military.

The Uniformed Services Voluntary Insurance Program, or U.S. VIP, offers coverage for several groups who lose military medical coverage. They include persons separating from the military before they can retire, those divorcing a service member after less than 20 years' marriage and dependents turning 21.

Carol Galaty, a DoD health affairs program manager, said DoD had posters printed and distributed because many military members and dependents are unaware of their need for insurance. The posters say, "Not to ask may be hazardous to your wallet."

"One accident after they lose eligibility for military benefits could plunge them into bankruptcy," she said. She noted that some military members and their families have heard of COBRA coverage, a health insurance that civilian employers offer departing employees or spouses getting divorced.

"Yet oftentimes these same people don't know similar coverage is available for them," said Galaty.

U.S. VIP is offered only to service families by a major commercial insurance provider at discount prices negotiated by DoD. Once enrolled in U.S. VIP, coverage can continue until Medicare goes into effect at age 65. Furthermore, persons with pre-existing conditions can purchase the U.S. VIP plan, which will cover their treatment after the policy has been in force for a year.

Persons with pre-existing conditions can purchase the U.S. VIP plan.

Others who should examine U.S. VIP coverage include family members getting married, wards and dependent grandchildren.

Personnel offices, family service centers and military medical centers have information about the insurance. Galaty urged persons who will lose medical coverage to buy some comprehensive insurance plan, even if they decide not to purchase U.S. VIP.

Kudos

NAVY COMMENDATION MEDAL

HMCM Leo F. Rosario SAFETY
LCDR Robert L. Barrack ORTHO

NAVY ACHIEVEMENT MEDAL

SN Craig Dunn MO PLAN
SK3 Mark C. Dejong MAT MGMT
HM3 Brian S. Hillerman

PHARMACY
HM2 Richard C. Demarest CPD
RP2 Timothy J. Fallen
PAST CARE

HM2 Robert G. Stackman

PHARMACY

MS2 Danny L. Strong COMM

HM1 Marty A. Manalastas

PHARMACY

MM1 Clayton T. Smith MWR

SAILOR OF THE MONTH: APRIL

HN Klaus M. Esteban BRCL T I

GOOD CONDUCT AWARD (FIRST)

PC3 Gail S. Neal MAIL ROOM

HM3 Teresita S. Taylor

UROLOGY

GOOD CONDUCT AWARD (SECOND)

HM2 Scott G. Clowdus MO PLAN

GOOD CONDUCT AWARD (FOURTH)

HMC Alex R. Arca

LAB

HMC Ramon B. Garcia MO PLAN

Hails and Farewells

Arrivals

HN William Addo
HA Ernie Apodaca
HN Daniel Balthazor
HA Michael Bass
ABH3 Brian Blackmon
HA Colleen Brown
HA Brian Cameron
OS3 Edward Cantu
SN Timothy Collins
HA Chauncey Cummings
HN Serge Dupont
HM3 Rupinder Eggleston
HM3 Matthew Frazier
HM3 David Gardner
HM2 Daniel Golden
HM3 Melissa Golden
HM2 Ann Harrell
YN3 Daren Holt
HA Andrew Kimball
HM3 Alejo Lasam
HR Don Maynor
HR Scott McDonald
HA Johnathan McLean
ABF3 Joseph McLitus
HM3 Dean Murphy
HA Neil Myers
HN Ronaldo Perez
HR Shane Peterson
YN3 Rory Porterfield
ET3 Mark Powell
HN Heidi Rhodes

MM2 Steven Richards
HM2 Kevin Robarge
HA Scott Robicheaux
HMCM Leo Rosario
HR James Smith
HN La Tran
HM3 John Tritschler
HMCS Anthony Trujillo
HA Louis Vaughn
HM2 Raoul Velasquez
HA Ernesto Villa
HN Daniel Walsh
ABH3 Robert Williams Jr.
HR Nicholas Wolfskill

Departures

HM3 Roland Acevedo
ABH2 Ralph Akerman
HM2 G. Areizaga
MS2 Romeo Benitez
HM3 Paul Bowers
MM3 Roy Brackens
HM2 Sheila Burke
MSC Warlito Cadente
LT James Claire
HM2 Stephen Crowder
HAC Jack Davis
SK1 Apolinario Deleon
HM2 Pamela Folger
LCDR Dawne Gabrielson

LCDR Ardis Goulart
HM3 Patrick Guida
HR Irene Hadderton
HN Daniel Hansen
HA Kathryn Haurilick
HN Benjamin Javier
HM1 Richard Johnson
OS3 Joseph Jordan
HN Lover Joyce
HN Charles Keeton
SH3 Sandra Kendell
HN Ronald King
SA Daneen Koppenhaver
HM3 Lisa Lancaster
SK1 Conrad Mamino
HN Michael McCown
HM1 David McNeeley
MS3 James Murphy
CAPT Pamela Murphy
HM2 Rodolfo Orpilla
MM1 Terrance Ostrander
HM3 Lisa Piecz
SN Robert Pitts
HR Tracey Reid
LT Gerrilynn Ricciardi
HM2 Gino Rice
HMC Paul Rodgers
HM3 Gill Sanders
HM3 Tamara Stocks
HN William Volz
HM3 Anton Womack



SN Bryan Malcolm executes a back kick to HM2 Vince Easi at a Martial Arts Against Drugs and Alcohol demonstration held May 15 for elementary students. (Photo by SN M. Herrington)

VIPs, VIPs, VIPs...



(Above) Honorable J. Daniel Howard, Under Secretary of the Navy talks with HN Harold L. Blankenship, an ICU corpsman, during his visit to NHO May 16. (Right) Joe Smith (center), Assistant Secretary of Defense (Comptrollers Office) during his visit on April 26. Captain J. L. Smith, (right), is SFMC Chief-of-Staff. (Photo by SN M. Herrington) (Below) Navy Surgeon General Vice Admiral James A. Zimble (speaking), Rear Admiral John W. Bitoff (left), Commander, Naval Base San Francisco and Rear Admiral David M. Lichtman during the surgeon general's April 16 visit. (Photos by JO2 T. S. Begasse)



Nutrition Clinic

It's easy to eat healthy

By Ens. Katherine M. Starr

NHO Nutrition Clinic

Nutrition experts have long said that eating more fruit, whole grains, fresh vegetables and beans is important to maintaining a healthy diet.

Along with healthy eating, cutting back on foods high in fat and cholesterol is important. However, when most people cut back on fat and cholesterol intake, foods richest in nutrients such as calcium and iron — milk and red meats — are usually the first items dropped from the grocery list.

The staff at the hospital's Nutrition Clinic want you to know that you don't necessarily have to give up these foods to eat nutritionally — you just need to make a few healthful trade offs. Here are a few suggestions to help balance your nutrition.

- Switch to skim or one percent milk.
- Choose lean cuts of meat such as round, sirloin, chuck and loin. Serve moderate portions, two to three ounces, twice daily.
- Use small amounts of cheese for flavoring instead of using it as a main ingredient. Buy lowfat cheese with no more than six grams of fat per one ounce serving.
- Go easy on the margarine and vegetable oils. Although they contain healthful unsaturated fats, they're still fats and their calories can add unwanted pounds. Fats contain nine calories per gram. Carbohydrates and proteins contain

only four calories per gram. This means fat has more than twice the calories as protein and carbohydrates.

- For tasty snacks, choose

these: angelfood cake, fruit, fig bars, ginger nap, plain popcorn, lightly salted pretzels, sherbet and lowfat yogurt.

Chaplain's Corner

Memorial Day A time of remembrance — A time of reflection

By LT James D. Weadick, CHC, USNR

Rudyard Kipling has written a very beautiful poem which helps us to better understand the other side of life. We are challenged to prioritize our commitments and evaluate our motives.

When Earth's Last Picture is Painted

When earth's last picture is painted
and when the tubes are twisted and dried,

When the oldest colours are faded
and the youngest critic has died,
We shall rest, and faith, we shall need it —
lie down for an aeon or two.

Till the Master of All Good Workmen
shall put us to work anew.

And those that are good shall be happy —
they shall sit in a golden chair,
They shall splash at a ten-league canvas
with brushes of comet's hair!

They shall find real saints to draw from —
Magdalene, Peter, and Paul,
They shall work for an age at a sitting
and never be tired at all!

And only the Master shall praise us,
and only the Master shall blame,
And no one shall work for money,
and no one shall work for fame,
But each for the joy of the working
and each, in his separate star,
Shall draw the Thing as he sees It,
for the God of Things as they are

Rudyard Kipling



(Top) Admiral Huntington Hardisty (left), Commander-in-chief, U.S. Pacific Command with Rear Admiral Lichtman during his visit April 20. (Bottom) Admiral Mary F. Hall, Director of the Navy Nurse Corps aboard USNS Mercy May 11.



Honorable Marianne B. Drew, Deputy Assistant Secretary of the Navy (Force Support and Families) during her visit with the Under Secretary of the Navy on May 16. (Photos by JO2 T. S. Begasse)

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Congratulations to
ET1 Timothy Strangeway
Sailor of the Month

RED ROVER

The Navy's first commissioned hospital ship

Naval Hospital, Oakland 94627-5000

June 8, 1990

Volume 2, Number 12

Hospital Corpsmen

'Years have brought you a long way, you can be proud of every step'

By Andree Marechal-
Workman

Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — Hospital Corpsmen of the last two decades may lack the combat experience of their predecessors, but, as peacetime corpsmen, they play just as vital a role in fleet support, said Senior Chief Petty Officer Clifton Carter in a recent interview.

Carter, who was acting command master chief of the hospital at the time, had nothing but praise for the proud corps of which he's been a part since the Vietnam era, and emphasized the contributions of his present-day fellow service members.

"Out of all the armed services, the most decorated military corpsmen are 'Navy Docs,'" he said, emphasizing that the medals and commendations are, in no way, restricted to combat veterans. "I've never seen so many decorations and awards given to corpsmen," he said of those who responded to the October earthquake recall. "I was not there at the time, but I've seen movies, I've heard civilians in the community talk about how well they responded, and I know they showed that, when they were called upon to do a job, they did it magnificently."

But this is not all Carter had to say about his contemporaries. As world tensions relax and armed forces shrink,

he believes that today's corpsmen "require an upper level of intelligence to keep abreast of modern advances in technology."

"When I was a young corpsman [during the Vietnam conflict], I was taught to hang an IV," he explained. "It had one line, one bottle, one needle, and rarely did we have to infuse a drug into the IV itself."

"These days, an IV may include three or four units of various liquids controlled by an electronic dispensing device, and corpsmen are required to be technologically proficient at monitoring and making sure those instruments are doing exactly what they're supposed to do. That

requires much more than I was expected to know."

These words should be music to the ears of this elite group of enlisted members as the Hospital Corps nears its 92nd birthday, when years of dedicated compassionate service will be commemorated at the annual Hospital Corps Birthday Ball on June 16.

Officially designated as a unit of the Medical Department by an Act of Congress on June 17, 1898, the Hospital Corps is actually much older — harking back to 1778, when the first corpsmen (then called a "loblolly boy") was recruited for the crew of the revolutionary war frigate *Constellation*.

They've faced many challenges since then, including the war of 1812, the Civil and Spanish and American Wars and the 1900 China uprising, during which the first medal of honor went to a corpsman — Hospital Apprentice Robert Stanley.

Ninety years later, after two World Wars, the Korean conflict and Vietnam, each generation has continued to meet the particular challenges of its time. The Hospital Corps lives on and, borrowing from an editorial published in the June 15, 1971 issue of *The Oak Leaf*, we too can say, "Yes Doc, [92] years have brought you a long way, and you can be proud of every step."



In May 1956, Oak Knoll nursery corpsmen were always a matter of interest to the public. They were once the subject of a feature in the *Saturday Evening Post*, and twice helped publicize the hospital around the world in *MGM News of the Day* newsreels. (Official U.S. Navy photo)

Summer Youth Employment Program

Oak Knoll partners with City of Oakland

By JO2 T.S. Begasse
Editor

NAVAL HOSPITAL OAKLAND, Calif. — Naval Hospital Oakland is a partner with the City of Oakland in a unique program designed to extend a helping hand to young students needing summer employment and valuable work experience.

The program, Summer Youth Employment Program (SYEP), brings high school and junior college students in to non-profit organizations such as Oak Knoll to work approximately 200 work hours. Payroll is handled through the City of Oakland.

"The Summer Youth Employment Program is designed to offer young students from low income families an opportunity to gain work experience and to enhance career development," explained Weldon D. Miles, Naval Hospital Oakland's Deputy Equal Employment Opportunity (EEO) officer.

"Along with the work expe-

rience, many students gain a sense of accomplishment that, in many cases, increases their self-confidence, self-esteem and provides a sense of responsibility," added Miles. "Since many of these students may not have the opportunity to develop these skills because of societal conditions, our

prospective student, a point of contact and a telephone number.

As a supervisor of SYEP students, you will be responsible for accountability, and will maintain verification of time worked. You will receive an orientation of your responsibilities and should promote

"Many students gain a sense of accomplishment that, in many cases, increases self-confidence, self esteem and provides a sense of responsibility," said Weldon D. Miles, Deputy EEO.

participation can really make a difference."

Departmental and divisional participation in the program is easy — just send a request to the EEO by June 22. The request should include what type of skills you are looking for in the following general areas: laborer, light typing, copying/filing, receptionist or secretarial. Give a brief description of what type of work you can offer the

a work experience that affords the students' educational growth and personal satisfaction.

"It's up to you to make the students feel comfortable — to make them feel part of the Oak Knoll team," Miles said. Participating in the summer youth program you not only help yourself, but you help shape our future leaders.

For further information call EEO at 633-5167.

From the Command Master Chief
HMCM Michael L. Stewart

other rating in the Navy where the demands are greater and the rewards richer than for a corpsman. Demands come with a constantly changing technology, which requires self-motivation to keep up; new medications, new procedures; new diseases, etc. Demands on your emotions as friends, shipmates and sometimes, total strangers are hurt, very sick, or occasionally die in spite of the best care possible.

Rewards come in various packages — from "thanks, Doc," to seeing a baby smile, a patient getting well, a pat on the back and much more.

When you think of hospital corpsmen, you have to think of more than a hospital environ-

ment. You have to think globally. We are approximately 26,000 strong, and we serve in every facet of the Navy: Ships, submarines, aviation, seabees, SEALs, Fleet Marine Force, research and diving. The list is endless.

We are a vital link in the medical care team, and in some cases, the only onboard link at all. Being a hospital corpsman today is an honor. Navy medicine must have corpsmen to survive.

I remember vividly a sign I saw on a wall in Vietnam that said, "It is the duty of hospital corpsmen to wait in obscurity most of their lives for a crisis that may never come. But when it does come, it is then their duty to give it their

From the Commanding Officer
RADM David M. Lichtman, MC

The 17th of June marks the 92nd anniversary of the founding of the Hospital Corps, and I'd like to take the opportunity to recognize the important contributions hospital corpsmen have made to the naval health care system.

Although uniforms, names and job descriptions have changed over the years, the primary mission of hospital corpsmen remains one of dedicated patient care.

Here at Oak Knoll, their valor and devotion to service was demonstrated many times. During the recent Joint Commission on Accreditation of Healthcare Organizations, they did more than their share to make the hospital look great.

Their heroic courage, strength and unity exhibited during the October earthquake is matched only by the valor of their wartime ancestors throughout

the past decades.

As an intricate part of today's Navy medical team, I believe the Hospital Corps offers Oak Knoll sailors just as exciting and challenging a future as their predecessors. Even with the threat of reduction in force, the Hospital Corps will continue to be a rewarding life — one of helping to provide excellent health care in the dedicated manner that has long been the hallmark of the Corps.

The Hospital Corps is the backbone of our professional team, and I feel the future will provide this outstanding group of enlisted members with unparalleled opportunities for job satisfaction and professional growth.

Bravo Zulu to the men and women of the Hospital Corps. My very best wishes for a happy birthday and continued success in the tradition of the Hospital Corps.

all."

This is just as true today as it was then. Corpsmen have responded like champs during Hurricane Hugo, the Bay Area earthquake, Beirut bombing and shipboard explosions. Corpsmen today are just as qualified and motivated as

those in past wars.

Am I proud to be a corpsman? You bet! And I'm equally proud to be the command master chief of some of the best corpsmen in the Navy, who are at the best command there is anywhere. Hold your head up. Be proud



How do you sum up 92 years of tradition, heroism, dedication and excellence? You really can't in a forum such as this but, each year, as the Hospital Corps Ball comes around, I ask myself why I'm so proud to be a hospital corpsman.

I don't think there's any

Happy
Father's
Day

On this Special Day, Father

Thank you, father, for the love you unselfishly gave.
Your encouraging words and comforting presence will long be a part of my fondest childhood memories.
Always teaching by example, you made me understand what hard work, honesty and being a good person meant.
When frightened or sad, your caring words and gentle demeanor seemed to always brighten my cloud-filled skies.
In times of adversity, your wisdom helped guide and mold me into who I am today.
You gave so freely of your heart, your mind and of your soul that I might become a stronger person.
Dad, you always hoped to provide me with a better tomorrow.
And, on this special day, I'd like to let you know that you did just that.
God bless you, Dad, and fathers everywhere, we owe you so much!
— T.S. Begasse

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published by-weekly, by and for employees of Naval Hospital Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other units that relate to the surrounding community.

Responsibility of the Red Rover content rests primarily with the Public Affairs Office, Naval Hospital Oakland, CA 94616-0000.

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June 8, 1990

Red Rover

P-122, Phase I ends:

Outpatients clinic entrance reopens

By JO2 T. S. Begasse
Editor

Editor's Note: To keep the hospital's staff as well as patients abreast of the two-year fire and life-safety modification project, P-122, daily notices appear in the plan of the day, weekly P-122 status meetings are held on the Directorate level and the Red Rover will publish a regular P-122 update in each edition.

NAVAL HOSPITAL OAKLAND, Calif. — Naval Hospital Oakland's two-year fire and life-safety modification project, called P-122, completed its first phase of construction May 28.

Phase I construction included renovation of the Patient Records area near the Outpatient Clinic on the hospital's second floor, the south and west wings of the 5th floor and the north and west wings of the 6th floor surgical wards.

A big plus resulting from the end of Phase I is the reopening of the Outpatient Clinic entrance. This should alleviate some of the patient flow inconveniences.

Navy Lieutenant John J. Nesius, Civil Engineer Corps, the medical construction liai-

son officer, points out that all in all, the P-122 project is going well.

The P-122 construction project has gone as anticipated and no contractual problems have been encountered, said Nesius.

Finishing touches to the life-safety upgraded areas after contractual specifics have been met are handled here by the Public Works Center, San Francisco Bay (PWC SFB). These final touches include painting, patching plaster, replacing damaged floor tiles and other minor repairs.

"They [PWC SFB] are doing an excellent job and the rooms really look great," Nesius said.

Now that the first phase has ended, the Patient Admissions area will move back to its original space on the 2nd floor near the Outpatient Clinic entrance. Patient Affairs and Fleet and Marine Liaisons will reoccupy the west wing of the 5th floor; surgical ward 6-south will return to 6-north and surgical ward 9-south will move to 6-west. The Collection Agent Office located on the 2nd floor will move to a newly constructed office located on the

west wing of the 5th floor.

Even though the work has gone well, Nesius pointed out that staff cooperation is essential in keeping the scheduled work on track.

"Moving personnel did not go as smoothly as it could have," he said. "In the future, departmental cooperation is going to be vital in order to make P-122 work."

Although inconveniences are unavoidable during a project this size, the renovations are designed to have a minimal impact on patients and staff. For this reason, the project consists of nine small phases combined in one. Each phase includes initial departmental moves, followed by construction site preparations and then construction. Actual construction for each phase takes about 2-1/2 months to complete. A couple of weeks before each construction phase ends, the next departmental moves begin. This schedule will continue to repeat itself through all nine phases of the two-year project.

By the completion of the P-122 project, the Hospital will comply with the Joint Commission on Accreditation of Healthcare Organizations.

Phase II construction underway

By JO2 T. S. Begasse
Editor

NAVAL HOSPITAL OAKLAND, Calif. — The hospital's P-122 project entered its second phase of construction May 29.

Phase II construction involves the Personnel Support Detachment originally located on the hospital's 3rd floor, Physical Therapy on the 4th floor, the surgical ward and the Critical Care Unit located on 9-south, the Social Works Department which was located on 9-east.

The Emergency Room (ER), will relocate to the temporary trailers located outside the main hospital, near the Out-

patient Clinic entrance by June 18, with no disruption in services. Once the ER is renovated (ER construction is part of Phase III beginning in August), the space will have 14 beds, vice the seven current ones, and a central monitoring system will be installed.

To permit Phase II construction, the following additional moves were required: The Personnel Support Detachment permanently moved from the hospital's 3rd floor to Building 131 (the old chapel, near the front gate), the Critical Care Unit (CCU) moved from 9-south to the Intensive Care Unit on 6-east. The

surgical ward originally located on 9-south moved to 6-west. The Social Works Department moved from 9-east to 7-north and Physical Therapy joined Occupational Therapy on the 4th floor.

Toward the end of Phase II, scheduled for August 2, the Psychiatric Clinic will move from 5-east to 5-south.

As with all phases, specific renovations include the installation of a fire protection system which includes fire alarms and sprinklers, heating, ventilation and air conditioning work. Handicap access to restrooms will also be installed.

Chief gets "thumbs up" for kids drop-off center during disasters

By Andree Marechal-
Workman
Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — Chief Petty Officer Nina I. Connor didn't think her suggestion would go anywhere when she discussed the possibility of establishing a temporary children drop off center on base at times of disaster recalls.

But, to her pleasant surprise, the hospital Commanding Officer, Rear Admiral David M. Lichtman, gave the thumbs up after hearing the

benefits of Connor's project.

Connor, who is leading chief petty officer for Oak Knoll's Command Education Department, was involved in a similar (hurricane-related), program when she was attached to Naval Hospital Corpus Christi.

"It worked very well," she said. "Active duty people would leave their children there, and either dependent wives or some of the other active duty people would watch them until parents could find more long-lasting

guardians. This way, it freed people to go to their area of responsibility."

But there was no such drop off center at the time of the recent earthquake, and Connor couldn't respond to the recall because she had no one to take care of her son.

"When I think of contingency planning and the military, I think of the whole family," she said, explaining that she sees that family as part of a greater one — the Navy family. And in her view, it is the Navy's responsibility

to provide for the safety of all of its personnel in times of disaster — the children as well as their parents.

Club Knoll and the Gym are being considered as drop off places, she said. "Mats could be laid out there, and some of the base parents could keep an eye on the children," she explained, emphasizing that "we're not talking day care center, just a place where children could be kept safe temporarily, while their parents are carrying out their duties."

According to Connor, the ombudsmen would be ideal coordinators for the project, but if no one else can be found, she wouldn't be adverse to taking on the job herself.

Anyone who thinks the drop off center is a good idea, or who has other beneficial suggestions, should contact Connor (633-6113), or Command Master Chief Michael Stewart at 633-5324. The plan has the admiral's blessing, and all it needs now are "bodies" for its implementation.

Oak Knoll in brief

Patients find parking is no problem

To relieve patient parking difficulties, the Mountain Boulevard parking area located outside the main gate has been designated a patient parking lot. As of May 10, a shuttle service started running every 15 minutes between 8:30 a.m. and 3:30 p.m. to take patients to the main hospital and the dental annex.

Security cracks down on illegal driving

Security police recently conducted a vehicle inspection at the main gate. About 70 vehicles were stopped for not having decals, 16 vehicles were directed off the base because of lack of a driver's license, registration, insurance, etc. California vehicle code and Naval Hospital entry regulations require that the following items be kept at all time in a driver's possession: A current driver's license and registration; adequate insurance and ID card with photograph.

Those drivers who do not have these items in their possession will be directed off the hospital compound, and can be expected to be late for work. The Pass & Decal Office located in the Security Building issues, or renews, decals on the following days: Monday and Wednesday, 7:30 a.m. to 6 p.m.; Tuesday, Wednesday and Friday, 7:30 a.m. to 3:30 p.m.

Theft on the rise on base

During the month of April there were 17 documented cases involving theft of private and government property on base. Almost all these cases involved money or property that hadn't been secured properly. Value of loss is estimated at \$1,500. Some of the theft activity hot spots include: gym and hospital lockers; patient valuables; wallets and purses containing money; jewelry, etc. To be on the safe side, do not carry large sums of money; carry all valuables or lock them up and lock your office at night.

Pre-separation seminar scheduled in June

A second pre-separation seminar has been scheduled June 21 for all enlisted and officer personnel (O4 and below) separating from active duty. It will be held in the hospital's fourth floor conference room, Ear Nose & Throat, from 9 to 11 a.m. Attendance to the seminar is a mandatory part of Navy personnel check-out, up to six months prior to Expiration of Active Obligated Service. For further information, contact your career counselor at 3-5089.

Oak Knoll "C" Schools open to hospital corpsmen

Naval Military Personnel Command will waive Oak Knoll's staff time on board requirement to allow admission to base "C" schools (Operating Room, Preventive Medicine and X-Ray), according to Hospital Corpsman 1st Class Suzanne Black, the hospital's career counselor. This is a boon for military staff since all other "C" schools are closed due to budget constraint, and corpsmen are encouraged to apply. For further information, call Ext. 3-5089.

Players needed for women varsity softball team

Any active duty, Reservist or dependent female is eligible to play in the Women Varsity Softball Team. For more information, contact Lieutenant Commander Alison Mueller at Ext. 3-6113, or Hospital Corpsman 3rd Class Kerry Barnett at Ext. 3-5981.

Ups and downs in sports arena construction

The tennis courts are resurfaced and ready for use and the ball field lights have been installed. On the other hand, the swimming pool will not open until August.



RWSP

Reserve Weekend Surgery Program

Photos and story by JO2 T.S. Begasse, Editor

Thanks to Naval Hospital Oakland's, Reserve Weekend Surgery Program (RWSP), Navy patients have been receiving minor surgery on Saturdays for over a year now.

The program — a first in the Navy — utilizes reserve nurses, corpsmen and physicians to totally staff the hospital's ambulatory surgical ward one Saturday a month. These reservists from as far as Utah do everything from admitting the patient to staffing the recovery room. They even have their own pathologists.

Patients as well as staff benefit from this innovative and convenient program. "The program is designed to provide hands-on experience for the reservists in a military hospital setting to better prepare them in the event of mobilization," explained Navy Captain John D. Bartlett, the hospital's director of surgical services.

"The reservists are enthusiastic about the program," Bartlett continued. They get to do the job they like and were trained for."

The reservists are definitely doing the job. In fact, based on Naval Reserve nurse Captain Janiece S. Nolan's report of January 1990, 87 surgical cases were performed under this program from February 1989 to January 1990. That's more than 100 hours of operative time.

According to Nolan, a RWSP member, the program not only is a convenience to patients, but saves money too. Under the program, if all 87 cases were assigned average CHAMPUS costs, the potential savings to the Navy would be \$125,990.

Nolan added that not all the cases in the report were CHAMPUS, but utilizing estimated CHAMPUS savings is an excellent way to appreciate the potential of the program.

What's more, according to Bartlett, utilizing the RWSP avoids further Champus drain, and dependents and retirees have no CHAMPUS co-payments.

Taking advantage of the RWSP services is easy. If patients feel they have a surgical problem, they can call or visit the OB/GYN (633-5626), Orthopedic (633-5057) and General Surgery (633-5100) walk-in clinics directly without going through the Primary Care Clinic. Of course, in urgent situations, patients may always go to the emergency room to gain access to the hospital.

The Reserve Weekend Surgery Program is another innovative step taken by Naval Hospital, Oakland in its constant effort to provide the best quality medical, dental and surgical care possible.





(Starting from top center) HM2 Heidi Stidger, from Sacramento, sterilizes and preps the surgical area before surgery is performed on retired Navy CAPT Max A. Piper. (Left) Piper's surgical team: (Left to right) HM2 Elizabeth Monsanto, scrub technician from Sacramento; CAPT Earl Evans, orthopedic surgeon from Alamo; LCDR John Dorchak, NHO orthopedic resident; (rear) and LCDR Carlos Torres, nurse anesthesist from Alameda. (Center photo) LCDR Patrice Lappert, registered nurse from Santa Cruz looks after Piper during his post-anesthesia stay after surgery. (Bottom, center) Piper received surgery to relax a Dupertrans Contracture (lengthening of his two right fingers). (Right) LTJG P.J. Meys a nurse from Redwood City comforts Piper during surgery.



June 16 Hospital Corps Ball

Join the celebration, experience unforgettable night

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — The 1990 Hospital Corps Ball will be

held June 16 at Oakland International Airport's Hyatt Regency.

Nights agenda

Starting with a no-host bar at 6 p.m., this year's celebration promises to be a night to remember, filled with fine cuisine (roasted chicken, prime rib or a vegetarian platter), dancing through the night with music provided by Treasure Island's Navy Band, a special guest speaker — Lieutenant Commander Larry Jacobs, a highly decorated former hospital corpsman from Oak Harbor, Wash., a disc jockey — Senior Chief Petty Officer Clifton Carter, nursing services enlisted Assignment coordinator, and a

commemorative ceremony. Uniforms are optional. Rooms are available for \$58 a night for those who desire to stay overnight.

dley (Physical/Occupational Therapy, 3-5075), or at the Command Master Chief's Office.

More than 25 door prizes

Throughout the evening, door prizes ranging from bay cruises to overnight stays in Reno will be awarded. In fact, more than 25 gifts will be presented throughout the night.

So don't wait another minute. Join in the celebration and experience another unforgettable Hospital Corps Ball.

Tickets on sale

Tickets for the ball are currently on sale for \$20 at Naval Hospital Oakland during lunch on the 3rd deck and at Bay Area branch clinics. They can also be obtained from Petty Officers 1st Class Joseph Manifold (Fleet Liaison, 3-5080) and Brian Fin-

Chaplain's Corner

A time for everything

By LCDR Alberto V. J. Cordoba, CHC, USNR

Commenting on his lessons learned and affirming God's purpose and presence in all things, the writer of Ecclesiastes in the Old Testament is observing life. The philosopher writer declares that there is a repetition of life again and again — birth, season, the sun, rivers, wind, death, etc. saying "What has happened will happen again." In a pessimistic tone, the writer says, "Look, they say, 'here is something new.' But no, it has all happened before, long before we were born."

Pessimistic as the writer appears to be in his view of life in saying, "It is all useless, it is like chasing the wind," there is an optimistic note affirming that "God sends both happiness and trouble, you never know what is going to happen next." The philosopher advises the reader to avoid extremes. "... So don't be too foolish either, why die before you have to. If you have reverence in God, you will be successful anyway."

The writer appears to have a good grasp of the human condition when he says, "There is no one on earth who does what is right all the time and never makes a mistake." We have all heard, read or sang the famous Ecclesiastes passage:

Everything that happens in this world happens at the time God chooses.

He sets the time for birth and the time for death,
the time for planting and the time for pulling up;
the time for killing and the time for healing;
the time for tearing down and the time for building;
He sets the time for sorrow and the time for joy;
the time for mourning and the time for dancing;
the time for making love and the time for not making love.

... What do we gain from all our work ...

... He has set the right time for everything

... So I realized that all we can do is be happy and do the best we can, while we are still alive.

The observations and advice in Ecclesiastes are as truth-filled and helpful for our everyday lives today as they have been to previous generations. In our work with patients — parents, newborns, retired, active duty — the human life cycles and the accompanying events and transitions occur on a daily basis. As a chaplain I have the pleasure of enjoying the exuberant, engrossing love and joy of young mothers and fathers who await and celebrate the birth of their baby, as well as the pain and loss of a loved one by death or in serious illness. As health providers, sometimes, all we can do is show that we care.

Examples of our caring occurred at Easter, Passover and Memorial Day, as well as during the recent celebrations that reminded us to value mothers on Mother's Day; to protect mother earth from destruction on Earth Day; to honor Asian Pacific Islanders for their rich contributions to the world during Asian Pacific Islanders Week and Latinos' spirit of freedom on Cinco de Mayo.

These events are ways of saying "yes" to life — "yes" to positive values, and "no" to negative things. Let us celebrate the BIG YES every day and rejoice in it, for this is the day the good Lord has made. As the movie, "Bill and Ted's Excellent Adventure" says, "Life is a most excellent adventure, so party on Dude," (or something to that effect).

According to Ecclesiastes, consider moderation in all things and celebrate embracing life one day at a time. Coming from Northern New Mexico — Penasco, north of the Sante Fe where time stands still — the here and now of the earthquake-prone area seems to have influenced me already.



Humanitarian Service Medal awarded for earthquake

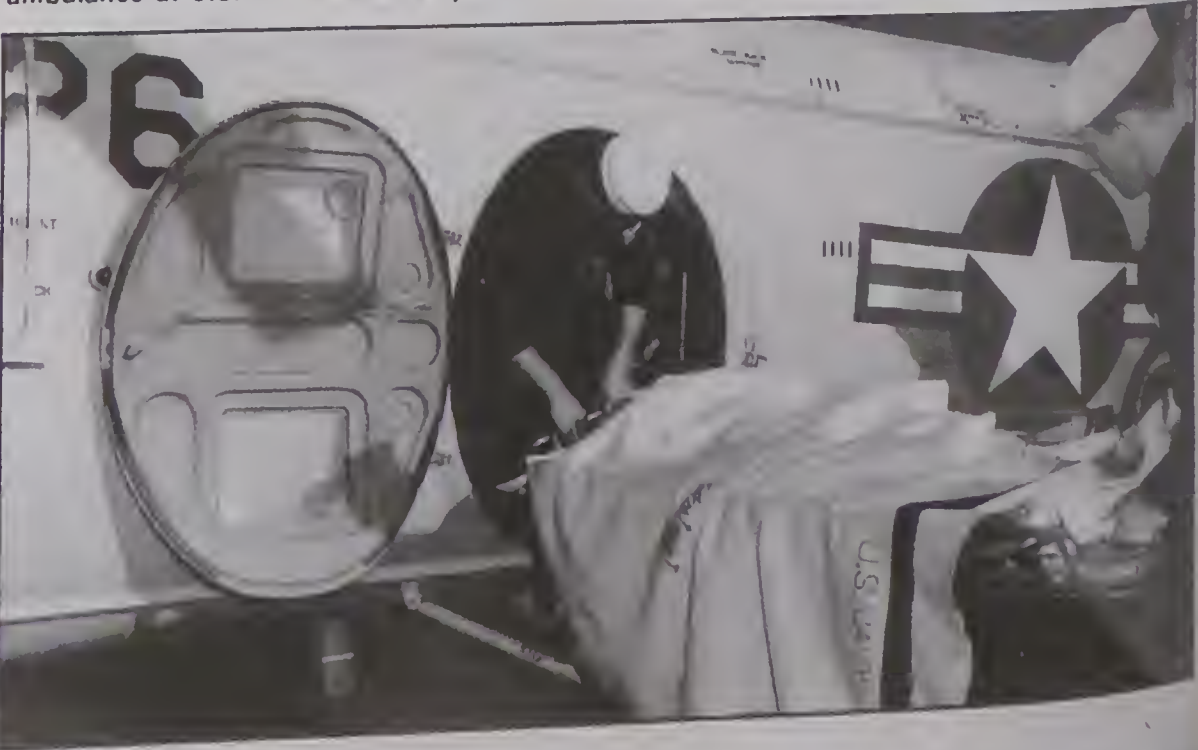
The Deputy Assistant Secretary of Defense has approved the Humanitarian Service Medal to Naval Hospital Oakland and branch clinics, Alameda, Moffett Field and Treasure Island for participation in the California Earthquake Relief Operation (Loma Prieta Earthquake) on October 17, 1989.

The intent of the Humanitarian Service Medal is to recognize humanitarian assistance outside of the Department of Defense.

For more information, contact Command Master Chief Michael Stewart at 633-5324 or Master Chief Petty Officer Betty McClyman at 633-6106.



(Counter clockwise from left) A ward corpsman from the late 1940's. (Bottom) Two corpsmen load a Korean conflict casualty aboard a medical evacuation aircraft. (Upper, right) A corpsman drives an ambulance at U.S. Naval Base Hospital Strathpeffer during WWI. (Official U.S. Navy photos)



June 8, 1990

Dental notes

Vaccine could prevent cavities

By LT W. Chris Vockroth, DC

NAVAL HOSPITAL OAKLAND, Calif. — Could tooth decay be prevented, and perhaps in time, even be eradicated by the application of immunological principles?

Vaccines developed by these principles can permanently program the body's immune system to recognize and fight off infectious microorganisms. They have dramatically reduced death and illness from many significant infectious diseases. Paralytic poliomyelitis and measles are two shining examples. Recent advances in genetic engineering promise to revolutionize the field of vaccine manufacture, and dozens of new and improved vaccines are expected to reach the market within the next decade.

Since the identification of the bacterium *Streptococcus mutans* (*S. mutans*) as a principal cause of tooth decay (caries), there have been considerable interest in the possibility of developing vaccines to prevent it. By the 1980s, protection against tooth decay induced by immunization with *S. mutans* had been demon-

strated in rats, irus monkeys and rhesus monkeys.

The initiation of tooth decay involves several factors. Before decay can proceed, *S. mutans* must first gain attachment to the tooth surface; then it must colonize the enamel (increase in amount in that part of the enamel) by producing sticky, tenacious polysaccharide polymers, or plaque. Finally, the bacteria metabolize suitable carbohydrates (such as sugar) and excrete weak organic acids that threaten tooth enamel. Therefore, the formation of tooth decay could be prevented by interrupting any of these stages.

Also, the lack of a blood supply to tooth enamel does not preclude the production of antibodies to bacteria that colonize (increase in amount) on the teeth surfaces. Antibody can reach the oral environment either in salivary secretions (as IgA type antibody) or through the crevicular fluid that constantly seeps out of the gingival margin (as IgG antibody).

One area of difficulty in today's research efforts is that

the antidecay vaccine must be totally safe and without undesirable side effects. Since dental decay is not a life-threatening affliction, while an element of risk might be deemed admissible in the interests of preventing fatal or severe disabling diseases, no such leeway can be tolerated in regard to what most consider a minor ailment.

Other characteristics of an "ideal" antidecay vaccine include simplicity of administration, an effective induction of specific antibodies — preferably the safer IgA rather than the circulating IgG type antibodies — and inhibition of attachment of *S. mutans* to teeth, thus preventing plaque formation.

It is debatable whether the toothache or the common cold causes most misery to modern man. A safe antidecay vaccine could end the pain and discomfort of one of humankind's most common ailments. Considering the vast amount of worldwide research in this area, it appears only a matter of time before an effective antidecay vaccine becomes available.

Nutrition notes:

Five a day can improve health

By LTJG N.A.B. Dickey
Nutrition Clinic

The National Cancer Institute estimates that 35 percent of all-cancer deaths in the U.S. are related to what we eat; the typical American diet (high in fat and calories, low in fiber, fruits and vegetables).

Five servings each day

The U.S. Department of Agriculture and the California Department of Health Services recommend that adults eat five servings of fruit or vegetables every day to improve one's health. One serving is 1/2 cup of fruit, juice, or cooked vegetables, one cup leafy vegetables or 1/4 cup dried fruit.

Increased fruit and vegetable consumption is part of an overall dietary plan that raises fiber and decreases fat. Studies done over the last 15 years show the intake of dietary fat in the American diet is still stable at 27% of total calories. Fruits and vegetables have no cholesterol and are naturally low in calories, fat and sodium. Some are also good sources of other nutrients such as folacin, potassium and calcium.

Reduce risk of cancer

Fruits and vegetables help reduce the risk of some cancers because they are rich sources of Vitamin A, Vitamin C and fiber. A lowfat diet is also associated with the prevention of some cancers.

Recent studies have shown that Vitamin A may prevent the growth of carcinogenesis (cancer) in the body. Vitamin A is also a powerful antioxidant (cancer prevention agent). Rich food sources of Vitamin A are dark-green, leafy and yellow-orange fruits and vegetables.

Vitamin C blocks the formation of carcinogenic (cancerous) nitrosamines (cancer causing agents) in the digestive tract. Vitamin C also acts as an antioxidant by preventing the oxidation of certain chemicals to active cancers. Rich food sources of Vitamin C are citrus fruits and dark-green, leafy vegetables like broccoli and spinach.

Fiber may prevent cancer

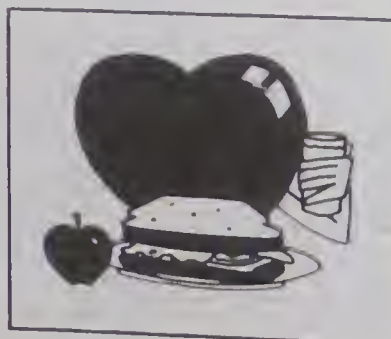
Dietary fiber is the non-digestible, or partially-digestible material found in plant cells. We get our dietary fiber

from three specific food groups: Fruits, vegetables and whole grain breads and cereals. Fiber may help to prevent certain cancers by reducing transit time in the bowel as well as binding of water and bile acids in the intestinal tract, which helps to reduce the time our body is exposed to potential carcinogens.

Increasing your fruits and vegetables intake will also help you to lose weight. By choosing fruits and vegetables that are low in fat and high in fiber, you may not be hungry for that snack food that could be high in fat and calories.

Fill up rather than out

By making a conscious effort to increase your fruit and vegetable consumption to five servings a day, you could fill up rather than fill out.



Up-Close

DT1 Juan I. Ramos

By Mark T. Herrington, Staff



Name: DT1 Juan I. Ramos

Command: Naval Hospital Oakland (NHO)

Workcenter: Dental

Job Description: Leading Petty Officer, Administrative Assistant

Marital Status: Married, Teresita Taylor

Hometown: Uvalde, Texas

Hobbies: Attend sport activities, cook outs and dancing

Likes: Meet new people and assist personnel in time of need

Dislikes: Poor planning.

What is the most challenging part of your job?

Training of new and young men and women in all phases of the military and job related responsibilities.

What is your immediate goal? Become a Chief Petty Officer, and in August, become a dad.

What is your long-term goal? Retire in 1993 and hopefully remain in a field dealing with needs of personnel.

If I could do it all over again, I'd: Do it again. Join the Navy, but maybe look at a commissioning program, or obtain a degree for a commissioning purpose.

I wish I could stop: Government misuse. Too much is taken for granted when working for the U.S. Government.

I respect myself for: My actions, my leadership by example. If I can't respect myself, what can I expect from others?

Role models: My parents.

Comment you wish to share: It has been a wonderful and challenging four years at NHO. I would like to thank everyone I've had the opportunity to work for, or with. I detach in July 1990 and I would like to say to all my friends, "until we meet again."

Tae Kwon Do, aerobics at gym

State-qualified instructor, Vicki Hill, is offering aerobics classes at Oak Knoll's gymnasium three days a week (Monday, Wednesday, Friday), from 5 to 6 p.m. The cost is \$20 a month and the first class is free.

For more information, call 633-6016.

If you want to acquire discipline, confidence, physical fitness and self-defense skills, join 3rd Degree Black Belt Instructor Bryan Malcolm for

Tae Kwon Do lessons, also held at the gym.

Malcome teaches traditional Korean Martial Arts Tuesdays and Thursdays, from 5 to 7 p.m. On Saturdays, classes are held from 4 to 6 p.m. Tuition is \$20 per month.

Instruction is available for men, women and children.

Be sure to call 633-6078 soon — class times will be changing.

Bravo Zulu Self Help Division

By HMC David W. Sego
LCPO, Special Services
NAVAL HOSPITAL OAK-
LAND, Calif. — Strike an-
other victory for Morale,
Welfare & Recreation's
(MWR) Self Help Division!
With the fiscal crunch on and
MWR exploring new ways to
increase revenues, the idea of
a concession stand at the
MWR softball fields has be-
come a reality.

*With sailor "know how" and ingenuity, the
command now has a beautiful "MWR
Snack Shack" built for a total of \$107.62!*

Officer of MWR's Self Help
Division, came to the rescue
with the idea of procuring free
used lumber from the reclama-
tion yard at Naval Weapons
Station in Concord and
using whatever else could be
found. For example, a dis-
carded ping pong table be-
came the floor of the conces-
sion stand. With sailor "know
how" and ingenuity, the com-
mand now has a beautiful
"MWR Snack Shack" built for
a total cost of \$107.62!

Participants in the project
were: Harris (design planner),
Hull Technician 2nd Class
Donna Berkman, Electrician's
Mate 2nd Class Anthony
Hudson, Machinist Mate 2nd
Class Timothy Diehm, Sonar
Technician Submarine 2nd
Class Patrick Wayne, Interior
Communications Electrician
3rd Class David Hardin,
Boiler Technician Fireman
Richard Frazer, Seaman Ap-
prentice John O'Brien and
Seaman Recruit Roger Edlin.

SIU offers unique weekend program

By Dr. Stanley Jacobsen,
SIU

The Bachelor of Science
degree in Health Care Man-
agement is a career-oriented
program designed to meet the
educational needs of individu-
als who have received health
care training in military
schools. Its objective is to pro-
vide a broadly based educa-
tional experience oriented
toward a professional manage-
ment/administrative career in
the health care field. Enroll-
ment in the program is open
to active duty and reserve
military personnel, their fam-
ily members, retired personnel
and DoD civilians.

The Southern Illinois Uni-
versity program is offered on
a unique weekend format. You
can earn your degree, continue
to work full-time, and have
every other weekend free for
personal or family activities.

Class meeting times are
8:00 a.m. - 11:50 a.m. and 1:00

- 3:50 p.m. every other week-
end. Classes are held in Build-
ing 75A here at Oak Knoll
Naval Hospital.

Up to one-third of the cred-
its needed for graduation may
be awarded for previous work
experience and training. The
students who already have a
two-year associate degree can
complete the training in six-
teen months.

Southern Illinois Univer-
sity maintains a fulltime aca-
demic advisor here at the hos-
pital for the health care cur-
riculum degree program. Ap-
pointments can be made with
Dr. Stanley Jacobsen by call-
ing the Southern Illinois Uni-
versity office in Building 75A
at number 415-562-8767. Ja-
cobsen is available for aca-
demic counseling appoint-
ments Monday through Fri-
day during normal working
hours.

Classes available this sum-
mer are as follows:

Work Center Management June 16

A study of the programs of
managing a small working
unit (division, department,
work center, section, etc.)
within a larger unit (agency,
company regional office, etc.).
Included items will be work
center goals identification,
staffing needs, monitoring of
work progress reporting, work
center communications and
interpersonal relations within
the work center.

Data Interpretation July 21

A course designed for stu-
dents beginning their major
program of study to examine
data use in their respective
professions. Emphasis will be
placed upon an understanding
of the basic principles and
techniques involved with
analysis, synthesis, and utili-
zation of data.

Civilian Personnel notes

Three scholarships to be given

By Sydney Santos
NHO Civilian Personnel

The San Francisco Executive Board's Disabled Opportu-
nity Council has announced that three \$1,000 scholarship
awards will be granted to disabled Federal employees or
to the children of disabled Federal employees. In addition
to meeting the above criteria, children must be high school
seniors or enrolled in college. The disability is restricted
to: deafness, blindness, missing extremities, partial paraly-
sis, complete paralysis, convulsive disorders, mental retar-
dation, mental illness, or distortion of limbs and/or spine.

The award money must be used for tuition, books, sup-
plies and other educational expenses.

The deadline for submission of application is June 30,
1990. Applications are available in the Civilian Personnel
Department. Contact Sydney Santos, 633-6374, for addi-
tional information and/or applications.

Main Library notes

Feature book the month

Vietnam Medal of Honor Heroes (355.1)

By Edward F. Murphy

This book contains short biographies of servicemen who
received medals for valor and heroism during the Vietnam
War. Sadly, most of them were given posthumously.

These biographies are intertwined with the story of the
war as it progressed from the mid-1960's to its termina-
tion in 1975.

June book list

Title	Author	Form
Criminal Tendencies	William O'Rourke	Fiction
It Was on Fire When I Lay Down	Robert Fulghum	Fiction
Masquerade	Janet Dailey	Fiction
September	Rosamund Pilcher	Fiction
Skinny Legs and All	Tom Robbins	Fiction
A Cat is Watching: A Look at the Way Cats See Us	Roger Caras	Fiction

Courtesy of Robert C. Bernhardt, Administrative Librar-
ian, NHO's Main Library.



**OPEN A BOOK
OPEN YOUR MIND
OPEN YOUR FUTURE**

Ticket and Tours/Gear Issue

Let staff plan your trip

Walking to the sounds of breeze gently stirring the trees and
water rippling in the distance . . .

Camping is a summertime favorite and one that's amazingly
affordable. For as little as \$15 you can camp under the stars,
catch some rays and do a little fishing.

Naval Hospital Oakland's, Tickets and Tours/Gear Issue
Division of the Morale Welfare and Recreation Department is
open daily to provide all your summertime camping needs. And
for those afraid of getting caught in the rain — canopies are
always available.

The friendly staff — Petty Officer 2nd Class Eric N. Goren
and Airman P. Sherry Harkless — is always ready to answer
any questions you have, and can even help plan your trip and
get your fishing license.

If camping isn't your forte, perhaps they can introduce you
and your family to Marine World Africa U.S.A. or a cruise
aboard the Blue and Gold Fleet Cruises. Of course, discount
tickets are the added benefit and, for your convenience, you can
purchase your ticket right on base.

Tickets and Tours/Gear Issue also carries tickets to the latest
concerts. No standing in line at an overcrowded ticket counter.

So before you plan your next family outing, be sure to drop
by and see what Ticket and Tours/Gear Issue has to offer.
Hours of operation are Monday through Friday from 10 a.m.
to 5 p.m., building 38 (the Navy Exchange building, 2nd floor).
If you can't drop by give them a call at 633-6016.

Computer tips

No text loss with easy 'backup'

By Jim Brackman, Sr.
Computer Specialist,
Information Resource
Center

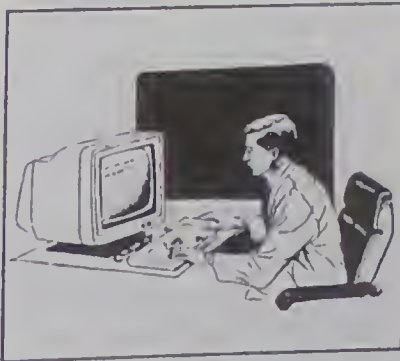
Did you know? There are
three batch files already in
your Eztape sub director that
were created for the purpose
of helping you backup, restore,
and change information on the
tape system. These batch files
are there so you, "the com-
puter user," do not have to
remember how to use Eztape's
software which, frankly, isn't
the easiest program to figure
out.

Backall Bat will backup
all the files on your harddrive
automatically. All you have to
do is be in Eztape's sub direc-
tory and type the word **Back-
all** and press the enterkey.

Example: To change the direc-
tory type **CD/EZTAPE**, press
enter, type **Backall**, press
enter again and the batchfile
will run the software program
automatically.

Changed Bat will backup
only files where the date and
the time have been changed
since the last backup. Again,
make sure that you are in
Eztape's sub directory, type
Changed and press the enter
key. It will backup only files
that have changed since the
last backup.

Restall Bat will re-install
files from your tape backup
system to your harddrive au-
tomatically. Make sure that you
are in Eztape's directory, type
Restall and press the enter
key.



If you have a main menu on
your computer, like "Autom-
enu," batch files can easily be
added to this program by
selecting a number and then
all you would have to do is
select a number from the main
menu. For further informa-
tion, or if you have any ques-
tions, please call the **Com-
puter Hotline** at 633-5835.

Drug Screening Lab
supports drug-free Navy
Page 4

July 16, 1969
'We came in peace for mankind'
Page 8

Congratulations
Rustico S. Quijano
Civilian of the Quarter

RED ROVER

The Navy's first commissioned hospital ship

July 6, 1990

Volume 2, Number 13

Oak Knoll, Skyline High School: a model partnership

By Andree Marechal-Workman, staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — In June, the Oak Knoll/Skyline High School partnership rounded off its fourth year with resounding success. It did so well, in fact, that it could well be on its way to becoming a model for all military "adopt-a-school" programs nationwide.

"We've had inquiries about the program from all over the country," said Medical Service Corps Officer Captain Donald E. Greenfield, director of Ancillary Services. "We've given information on how it was set up and how to make it run, and it certainly could serve as a model for the country." Greenfield shares the partnership program's direction with Captain Kenneth L. Sims, Medical Corps, head of

the Laboratory Department, Skyline High School Principal James Welsh and Vice Principal John Scudder.

"There are many partnerships in existence throughout the services," said Welsh. "But Oak Knoll/Skyline is unique because it is the only one that involves direct teaching by hospital personnel."

The number of students affected and the continuity of the instruction are the key factors in the program's uniqueness, he explained. Its success is due largely to Rear Admiral David M. Lichtman's foresight in going into the venture with the clear goal of establishing a national model for science instruction, added Welsh.

Lichtman is the commanding officer of Naval Hospital Oakland (NHO), a command locally known as "Oak Knoll."

Scudder, who is program coordinator for the high school, concurs in the partnership's singularity. As the person in charge of instruction, he sees the dramatic impact Oak Knoll personnel's involvement has had upon the students' moti-

ence otherwise, and this has stimulated them to do better in their work," he said, pointing out that every level of the student body profits by the experience — from the very bright to those who have difficulty in school.

Graduating Senior, David

'There are many partnerships in existence throughout the services,' said Welsh. 'But Oak Knoll/Skyline is unique because it is the only one that involves direct teaching by hospital personnel,' said Skyline High School Principal John Welsh.

vation and grades. He is also aware of the tremendous enrichment that the lectures and labs provide for the science curriculum.

"The students wouldn't be exposed to that aspect of sci-

Cook, is among the many who feel their educational horizon was broadened by the partnership. Oncology (cancer) and Sports Medicine are two areas he understands better after lectures by key staff

members of NHO.

Armed with many awards and scholarships, (among those a scholarship from the National Naval Officers Association), Cook is on his way to the University of California, Berkeley, where he plans to embark on a course leading to a medical degree.

According to Welsh, about 1400 chemistry, physiology, physics, biology and advanced biology students have benefited from the program this year — to say nothing of the teachers who, in Scudder's words, "were taken out of the parochial atmosphere of a public school and put into the general operations of a big hospital, thanks to the very talented Navy men and women who participated in the lectures and demonstration tours."

Emergency Room relocates during P-122 construction project

By JO2 T. S. Begasse
Editor

Editor's note: The hospital's P-122 project entered its second phase of construction May 29. Along with actual construction, many areas scheduled for Phase III construction (beginning in August), are relocated during Phase II for pre-construction preparation as is the case with the Emergency Room.

NAVAL HOSPITAL OAKLAND, Calif. — The Emergency Room (ER), moved to temporary trailers outside the main hospital, near the outpatient entrance June 19 with no disruption to patient care services. Renovation of the current space is taking place as part of Naval Hospital Oakland's two-year fire and life-safety modification project, called P-122.

"While we occupy the temporary space, patient service should be more efficient due to the location of nursing stations in full view of the pa-

tient areas, similar to the central nursing station to be installed in the main ER," said Senior Chief Shawn P. Fitzgerald, the ER's senior enlisted advisor and contract officer technical representative.

Although actual renovation to the ER is part of Phase III scheduled August through the beginning of October, site preparations are required in Phase II currently in progress.

Once renovated, the ER will have eight patient beds and a two-bed central monitoring system along with the new nursing station. The monitoring system records patients' vital signs and transmits the data directly to the nursing station. As the budget permits, all beds will include the monitors.

As with all phases of the P-122 project, specific renovations also include the installation of a fire protection system which includes fire alarms and sprinklers, heat-

See ER, page 5



The temporary emergency room located outside the outpatient entrance. (Photo by JO2 T.S. Begasse)

NHO's XO bids farewell

'I will always be part of the Navy family

By Captain Jack W. Bartlett, Executive Officer

Farewell is not good-bye — for I will always be part of the Navy family.

It started in 1956, having completed Hospital Corps "A" School, I transferred to my first duty station, Naval Hospital, Portsmouth, New Hampshire. This is where I met the first really kind, caring hospital corpsman, the "Chief" knew exactly what I needed and provided it.

At my first assignment with the U.S. Marine Corps, a 2nd class hospital corpsman gave me extra military instruction (EMI) two hours a day for six weeks for my attitude, which needed adjustment. I was required to study for advancement with him — we both were promoted. He retired as a master chief hospital corpsman. What an impression he made on all of us and especially on me.

Then there was a lieutenant, Medical Service Corps officer, "my boss," who asked if I had seen the University of Hawaii schedule. One week later, he asked if I decided on which class I was interested

in, and on the day after registration closed, asked, "What did you sign up for?" My sheepish answer, "I didn't get around to it," resulted in his giving me my registration slip which he had completed for me. I have not stopped learning since.

And best of all, my wife — the greatest lady, Hospital Corpsman 3rd Class McGrath — made all of this possible by her support, encouragement and love.

The few downers I remember are due to the trials and tribulations of the moves and leaving friends. The ups have been too numerous to count. The memories are mostly of friends who have made all the difference to me. Because each is now a part of me, I will cherish them forever. While the "friends" are the key to my achievements, the following guides have helped too.

Life principles:

- love of fellow man
- help those who need it
- make it better than when you arrived.

These evolved over the years due to the many people with whom I came in contact

in the Navy.

Reaction — Much of what happens in life is a reaction to an action; smile — smile; kindness — favor; act appropriately — relate in kind. Just as these have paid off for me, they will for you too.

Artist — Each of us paints a picture in the mind of all with whom we come in contact. Paint the best one you can. Touch it up every day.

Challenge (Goals — Vision) — Sometimes we let our fears or our self-inflected judgments of inferiority shield us from taking the full challenge of life. We substitute "can't" for "won't even try." We learn or escape by using: This is the way I am; my genes; level of education; ethnic background; connections; or stars — in fact, we are the master of our fate. I learned from those in the Navy and you can too. Life is not a spectator sport — it really is up to each of us; it's what we make it.

Thanks to each of you who have touched me in some way. You have made a difference and I shall always remember you.

From the Commanding Officer
RADM David M. Lichtman, MC, USN

TQM and QA: What are the differences and similarities between Total Quality Management (TQM) and the conventional Quality Assurance (QA) approaches?

We know that QA monitors clinical outcomes to search for and identify ways to improve care. The focus is primarily on the results of clinical care. QA spotlights individuals primarily — not processes. Although knowledge of individuals performance can be an important tool for quality improvement, it cannot, of itself, "assure" improvement of health care delivery. Even the term "assurance" may be counterproductive because it makes unrealistic or unobtainable demands for perfection.

With TQM, the command will focus on (1) continuous process improvement enhanced by a (2) participative management style supplemented by (3) the use of process action teams.

The goal is for all of us to "do the right thing right the first time." We need to understand how business is done, identify opportunities for improvement and make change happen. We need to identify who provides services to whom, i.e., who are our customers and suppliers (internal and external), and identify ways to improve services through mutual cooperations and understanding.

The common ground between TQM and QA must be highlighted so that we can build a much better template for assuring quality patient care in the future. Most health care professionals want to provide "the best" in patient care.

We all take pride in our work but are often frustrated by a system that doesn't always seem supportive of our efforts. In fact, about 85 percent (maybe more) of the problems we identify are not provider related, but are the fault of management or "the system."

I believe that management needs to be responsive by reflexively looking for and acting on opportunities to improve. For TQM to work, it must involve people who know how to review processes, systems and charts in a productive way... this is the strength of QA that we need to build upon.

TQM must be a part of our quality-driven corporate culture. There should not be competing approaches — QA versus TQM — instead, we should pursue the evolution or merging from QA to TQM. The ongoing monitoring of provider performance needs to be balanced with the monitoring of how well the system supports the provider. We must constantly seek ways to improve the ways we do business.

TQM can be very appealing because it's analytical, quantitative and success oriented, as opposed to being derogatory or fault finding. All of us must understand that we're not after the "rascal." We're working on quality improvement projects for our own good — to make us better professionals with better systems to support us all. Through full implementation of TQM, Oak Knoll will become the "top gun" in Navy Medicine.

Editor's note: Everyone is invited to attend the Executive Officer's, Captain Jack W. Bartlett, Retirement Ceremony at 3:00 p.m., Friday, July 20.

The ceremony will be held in front of the hospital (the Admiral's Circle).

The gymnasium will be used in the event of inclement weather.

From the Command Master Chief
HMCM Michael L. Stewart, USN

Hopefully this information has helped. Here are a few "gems" that seem to be misunderstood.

Q1. Can I wear dungarees to and from work?

A1. NO. No working uniform (this includes blue jump suits) will be worn off a Naval installation unless personnel are assigned to and performing as a member of an organized working party, performing dirty work and transported to and from the Naval installation via government conveyance.

Q2. Can I wear a backpack?

A2. Backpacks may be worn with uniform only when actually riding a bicycle or motorcycle. They must be removed and hand carried when not actually riding, in the same manner as a brief case.

Q3. Do I have to wear a hat when I'm in my car?

A3. Yes, uniform regulations specify "Personnel may remove their cap or hat when traveling inside a private automobile off base. A cover is mandatory when entering or within a military reservation, unless wearing the cap is impractical or hazardous.

Q4. How long can my fingernails be?

A4. Men's nails will not extend past their fingertips and females' will not extend more than 1/4" beyond the fingertips.

Q5. What is the rule on necklaces?

A5. While in uniform only one necklace is authorized, and it shall not be visible.

Q6. What is the rule on bracelets/wristwatches?

A6. While in uniform, only one of each may be worn. Ankle bracelets are not authorized while in uniform. Bracelets/wristwatches should be black, gold, or silver.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, 8750 Mountain Blvd., Bldg 73C, Oakland, CA 94627-5000.

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July 6, 1990

Dermatology Clinic offers outpatient care

By Andr  e Marechal-Workman, staffwriter
NAVAL HOSPITAL OAKLAND, Calif. — CHAMPUS and Medicare-eligible patients who have skin problems can be treated at Naval Hospital Oakland's (NHO) Dermatology Clinic on an outpatient basis.

Medical Corps Officer Captain William G. Littman, who heads the clinic, is joined by Dr. Robert Greenberg, a Resource Sharing Agreement (RSA) provider trained at the University of California Medical School, San Francisco, who comes in three mornings a week.

Under the RSA program, patients are evaluated and treated here at NHO by a civilian physician who has agreed to accept CHAMPUS fees. RSA permits NHO to increase access to outpatient treatment and inpatient hos-

pitalization for beneficiaries who would have otherwise been referred out to a local civilian provider. This is accomplished by credentialing civilian providers to deliver CHAMPUS (and at their option, Medicare) — reimbursed care here at NHO. Under an RSA, civilian providers treat CHAMPUS beneficiaries as outpatients in one of our clinics, and if necessary, admit them to the hospital as inpatients.

The clinic takes care of all dermatology-related conditions such as diseases of skin, hair and nail. Littman pointed out that their surgical emphasis is on skin cancer.

"We have four morning and four afternoon clinics per week, a walk-in wart clinic on Wednesday and special surgery on Thursday afternoons," said Littman.

According to Chesta Brantley, CHAMPUS health

benefits advisor, treatment is free for CHAMPUS-eligible patients; however, Medicare patients — those individuals 65 and over who are entitled to Social Security and who have Medicare Part B — have to pay an annual deductible of \$75 (if not already met) as well as 20 percent of the bill.

CHAMPUS and Medicare-eligible beneficiaries always have the option to use RSA providers or other sources of care under the CHAMPUS (Extra/Prime/Standard) or Medicare program.

Dermatology Clinic's hours are 8 a.m. to 4:30 p.m., Monday-Friday. It is located in the fourth floor of the hospital, to the right of the elevator.

For further information and/or appointments, call the Dermatology Clinic at (415) 633-5477 or the CHAMPUS Service Center at (415) 430-3500.

Operating Room Technician School recommended for full accreditation

By HMI Jeffrey L. Travers
NSHS instructor

NAVAL SCHOOL OF HEALTH SCIENCES, OAKLAND, Calif. — According to the concepts and standards of Total Quality Management and the Navy's ideals of a high standard of excellence, it is of ever-increasing importance that all programs concentrate on increasing all areas of quality and performance.

As a vital part of Navy medicine education, the Operating Room Technician School (ORTS) staff has taken major strides to elevate the status of their surgical technology training program.

The staff's efforts were rewarded. On June 18 and 19 a three-person review team recommended full accreditation

of the Naval School of Health Science (NSHS) ORTS program.

"I commend your staff on the wonderful self-study package they completed for our review," said Betty Roberts, the leader of the inspection team.

Roberts, a surgical technologist from Culpepper, Va., began her summary of the inspection to Medical Service Corps Officer Commander Thea Bratton, officer-in-charge of NSHS, by saying, "We usually discuss the program strengths first during our final review, but I would like to say at this time that we found no concerns with this training program whatsoever."

Roberts, along with registered nurses Frances Johnson

from Atlanta, Ga., and Jeff Doiron from Amarillo, Texas, identified five areas of strengths in the programs' curriculum. They included the administrative records and documentation, financial support, a highly qualified staff of instructors, good clinical training and a highly motivated student body.

"We are certainly recommending this program for accreditation," concluded Roberts.

Accreditation is ultimately made by the Committee on Allied Health Education and Accreditation in Washington, D.C., with input from inspection teams such as this one. Accreditation will mark the first official credential in the history of the ORTS.

Personnel Support Detachment moves home

By LCDR Barbara A. Klesk, OIC, PSD
PERSONNEL SUPPORT DETACHMENT, OAKLAND, Calif. — After more than two years and four moves, Personnel Support Detachment (PSD) Oakland has finally settled into its permanent home in Building 131, the former base chapel.

Because many people have reported to the hospital since PSD has moved to its permanent residence, I have the following suggestions to facilitate your dealings with PSD:

1. Call ahead and tell the clerk what you need and arrange a time to visit PSD to complete your business. This way the clerk will tell you

what to bring, and you can save an extra trip.

2. A lot of questions can be answered over the phone. For example, you can call your disbursing clerk to find out if your entitlements have been posted to your pay account, or contact the transfers branch to find out the requirements for your new duty station.

3. Divisional pay representatives began picking up checks June 29. If your check is not being delivered to your division, contact PSD disbursing to arrange the same.

4. All other checks (e.g., travel advances, travel liquidations, special or supplemental checks, etc.) must be picked up at Bldg. 131 be-

tween the hours of 7:30 a.m. and 4 p.m. If you cannot get away, you may provide written authorization for someone else to pick up your check. The same policy applies to Temporary Additional Duty (TAD) orders and airline tickets. Remember to bring your ID card as you will need it to pick up a check or tickets.

5. PSD will continue to utilize the bulletin board on the 3rd floor. Look for the money list two to three days before pay day, military leadership exam results and other PSD news on that board.

6. The NHO patient shuttle began a stop at PSD on June 28 for members unable to walk.

Oak Knoll in brief

By YN3 Daren Holt, staff
Cancellation of \$50 and \$75 U.S. Series "EE" savings bonds

The Treasury Department announced that both \$50 and \$75 denomination series "EE" savings bonds will no longer be issued to participants in payroll saving plan, effective Oct. 1, 1990. The present allotments for military personnel for the \$50 and \$75 bond will be automatically converted to \$100 bond allotments after the last bond, under the current allotment system. The same amount of money will be deducted in the allotment, then once the purchase price of the \$100 bond has been reached, the bond will be issued.

However, for civilian payroll officers, personnel offices, bond drive coordinators and civilian employees currently enrolled in the \$50 and \$75 series "EE" bond, those will be cancelled as of the pay period ending Sept. 22, 1990 because of the complexity of their various systems. All allotments for the \$50 and \$75 bond must be cancelled by Oct. 1, 1990.

For Department of the Navy civilian employees all \$50 and \$75 bonds will be cancelled as of pay period ending Sept. 2, 1990.

Pre-separation Career Awareness Program (PCAP)

The PCAP is a college level course designed for all military personnel ready to enter the civilian job market, and is sponsored by the State of California Employment Development Department. A state representative teaches you how to write an effective resume, where to obtain information on employment opportunities, how to write application letters and how to present yourself most effectively in the job.

Upon successful completion of this course, you will obtain one semester of college credit for a nominal fee of \$6 per unit. The units are applicable toward effective credit for AA/AS or BA/BS degrees. Classes are scheduled for July 9-13, 1990, July 23-27, 1990, Aug. 6-10, 1990, Aug. 27-31, 1990. For more information contact the Command Career Counselor at 633-5083.

Surface Force Medical Indoctrination Course

Here is a course designed for hospital corpsmen (non-IDC) with orders to a ship, or with plans to select a ship for their next duty station. It is also designed for petty officers who are eligible to take the first class exam. This course will cover management of medical department administration while afloat, management of medical supply systems and preventive medical and occupational health and safety programs. It is scheduled for August 27-31 at Naval Air Station, Alameda. Reports evidenced higher scores from personnel who have taken the course. For more information contact Petty Officer 3rd Class Jesus R. Cerritos at 633-5210.

Shipboard Medical Care Course

Here is a three-day course designed to familiarize corpsmen and nurses with the aspects of medical care of personnel on board ships. The first two days will be held in building 75; the third day will consist of practical experience aboard the USS Buttercup on July 11-13. For information call Petty Officer 2nd Class Timothy W. Pennington at 633-6113.

Detailers visit Naval Hospital Oakland

Detailers will visit Naval Hospital Oakland July 31-August 2: Capt. Raymond, MSC, branch head; Capt. Nazaro, MSC, MSC assignments; Capt. Faull, DC, DC assignments; Cmdr. Beeson, NC, NC assignments; Cmdr. Vanlandingham, MSC, MC assignments; Lt. Cmdr. Renken, MC, MC assignments; and, Lt. Cmdr. Senn, MSC, placement officer.

An agenda and appointment times will be available prior to their visit.

Disaster Casualty Care Course

To better prepare civilian and military personnel at NHO, the Command Education Department will be holding a one-day Disaster Casualty Care Course July 11. The class is designed for familiarize personnel on the ABC's of triaging, with hands-on experience in the movement of injured people on base, and different steps to take if you find yourself at a disaster site outside the base.

For more information contact Lt. Cmdr. Alison Mueller at 633-5808 or Chief Petty Officer Nina Connors at 633-6113.

Oakland's Navy Drug Screening Laboratory successfully curtails West Coast drug usage

By JO2 T. S. Begasse
editor

On Sept. 15, 1986, former president Ronald Reagan signed an executive order establishing the goal of a drug-free federal workplace.

"Just Say No" anti-drugs campaigns rapidly spread throughout the country, and the Navy adopted its "Zero Tolerance" policy. Although the threat of drug abuse still exists in our country, many dramatic strides have been made to reduce drug abuse.

In the Navy, recent studies show the percentage of personnel who had used drugs in the previous 30 days declined from 27.6 percent in 1980 to 4.8 percent in 1988. Drug abuse in the Navy and Marine Corps has dropped from about 33 percent in 1980 to about five percent in 1988.

The significant drop in drug abuse among Navy and Marine Corps members has come about through steps like mandatory drug testing. This is handled at five naval drug screening laboratories such as the Navy Drug Screening Laboratory here.

"The drug program role in the Navy is designed to protect the betterment of health for the people in the Navy through deterrents to drugs," explained Commander Robert M. Miller, Medical Service Corps, the lab's commanding officer. "The program seems to be successful in curtailing drug usage."

The Navy Drug Screening Laboratory serves both ashore and afloat commands from the northern portion of the West Coast, as well as portions of the Far East and South Pacific Islands.

Other naval screening labs are located in Virginia, Florida, Great Lakes and San Diego.

Currently, the laboratory here averages more than 29,300 specimen tests a month. At the time of this writing, 6,643 specimens were received and screened for drugs in a one-week period. Of those, 13 were positive for THC (marijuana).

"From January 1983 through the end of fiscal year 1989 we averaged between 32,000 to 35,000 specimens monthly," said Lieutenant Lucero M. Cabotaje, the operations officer. "The confirmation rate of all drugs tested at this lab has diminished considerably, from 17 percent down to .9 percent."

A very stringent chain of custody and quality control exists behind each and every specimen tested at the

Oakland lab.

Specimens are initially received and documented in the Accession area. When the required paperwork and verification is completed, the specimens' initial screening begins in the Radio Immuno Assay area. There, all specimens are tested for amphetamines/methamphetamines, cocaine, opiates and THC. Along with those tests, the lab tests for barbiturates on a 10 percent basis and for LSD and PCP on 50 percent basis.

If negative results are recorded in the Radio Immuno Assay area, the testing is complete. Notification is provided to the respective command and the specimens are discarded.

Specimens with traces of drugs are sent through a second screening and a confirmation process. The confirmation portion includes extractions and Gas Chromatography and Mass Spectrometry (GC/MS). This provides a "molecular fingerprint" of the specimen to identify the drug of interest in the urine.

The GC/MS machine measures the most minute of drug traces in the nanogram (one billionth of a gram) level. Because of this, the drug detection level must be equal or greater than the required positive level, as defined by the Department of Defense (DoD). For example, at least 150 nanograms of cocaine traces must register before a specimen is confirmed positive.

After the second level of testing is complete, negative specimens are discarded and the results are reported to the respective command. Positive specimens are reported to the appropriate command, to the Naval Military Personnel Command and are held at the lab in a freezer for a year for potential legal actions necessary.

Cabotaje stressed that individuals coming up positive are not legally processed through drug lab. Legal and punitive measures are handled through their appropriate military command's legal department. The lab's role is strictly one of testing and providing technical advice.

During the legal process, members' with positive results may have their specimen retested at a DoD/NIDA-approved civilian lab at their own expense.

Cabotaje explained that of the positive tests, there are three common drugs identified: "The most commonly

found are THC, your marijuana and hashish; cocaine, and, methamphetamines, often called 'ice,' 'glass' and 'crystal meth.'"

"Of the three, THC is still more prominent," he stressed.

Of the hundreds of thousands of specimens processed here, the lab's track record is flawless.

"We've been very thorough," Cabotaje said. "We have been 100 percent accurate on all proficiency tests given by the Armed Forces Institute of Pathology and in the last two years have had no false positives."

Three types of quality control support their impeccable record. First, inhouse tracking takes place to meet DoD guidelines. Second, all positives must amount to plus or minus 20 percent of the accepted drug detection levels.

Finally, the AFIP sends "open" and "blind" specimens to the lab for proficiency testing. Blind specimens are sent via the local Drug Abuse Program Advisors and open specimens are sent directly to the lab. In turn, the lab must successfully detect and record any drug components that exist.

Along with standard drug testing, Oakland's lab is the central processing center for a 16-month steroid testing pilot program which began October 1989.

At this early stage of the program no conclusive data has been gathered. However, at the end of the program, DoD will review and study the data to determine any potential problems at that time.

A strong technical staff of physical science aids and technicians, medical technologists and chemists run the lab. Of the 59 staff members, 51 are civilian positions (GS 4 to GS 13 performance levels) and eight Naval positions, supports the drug screening laboratory.

"They're very dedicated people in an assembly-line job and I'm proud of them," said Miller. "They're an exceptional group of people and put a lot of validity on where the results stand."

"None of them [my staff] has issued a concern about misidentification, inappropriate testing or erroneous lab result," Miller pointed out. "I think that speaks for how they do their job."

Each and every member of the Oakland Drug Screening Laboratory seems to share one motivating goal: to support a drug-free Navy.



(Top) At the "Flow Hood" equipment, Rachel Celones, a medical technologist, extracts traces or metabolites from the urine specimens in the Extraction area of the Navy Drug Screening Laboratory. (Center) Cora Scott, a physical science technician, conducts initial screening of urine specimens in the Radio Immuno Assay Area of the laboratory. (Bottom) From January 1983 through the end of fiscal year 1989, the Navy Drug Screening Laboratory averaged between 32,000 to 35,000 specimens monthly. (Photos by JO2 T. S. Begasse)

July 6, 1990

Red Rover

Exercise Patriot Spirit tests tri-service medical regulating

By Andree Marechal-Workman
Red Rover Staffwriter

ABOARD USNS MERCY (T-AH 19) — Air Force Reserve's Patriot Spirit, an exercise testing procedures for command and control of aeromedical evacuation operations, was conducted throughout the Bay Area June 19-29.

Coordinated by the U.S. Transportation Command (USTRANSCOM) of Scott Air Force Base in Belleville, Ill., the two-week event was a training exercise in which medical regulating personnel

participated, using the latest medical computer systems. In order to emphasize the tri-service nature of the equipment and test its utilization on hospital ships, Mercy was used as a training platform.

According to Navy Lieutenant Brian W. Posey, head of Naval Hospital Oakland's Mobilization Planning Department, the hospital's participation involved personnel who would be in medical regulating fields if USNS Mercy deployed.

To demonstrate the ability

to provide data between various commands, the exercise involved transmission of casualty data between Fort Hunter-Liggett, Monterey, Fort Ord and Travis Air Force Base in California. Utilizing a hybrid of Theater Army Medical Management Information System (TAMMIS) and Military Airlift Command automated patient evacuation systems, supplemented with high frequency radio (Pacer Bounce URC-119), USTRANSCOM placed the Air Force aeromedical evacuation liaison team (AELT) aboard Mercy

with necessary equipment to provide data links with other players. Demonstrations included TAMMIS and Pacer Bounce as well as presentations on wartime role of AELT and other components of aeromedical evacuation operations.

"The purpose of the exercise was to promote the TAMMIS hybrid, a system that provides far more information than previous ones," explained Posey. "By using it as a joint system, all services can effectively share medical regulating information without being

stymied by the jargon of one individual service."

According to Posey, the significance of the exercise for NHO was to train personnel on state of the art medical regulating for any type of war scenario and to expose medical regulators (corpsmen and medical service corps officers) to USTRANSCOM's new joint service system.

USTRANCOM's key players in the exercise were United States Navy Captain W. P. Thomas and United States Air Force Captain Jack R. Simpson.

CMEO program here to help

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — The Navy is more serious than ever about its policy of equal opportunity for all, and the Command Managed Equal Opportunity (CMEO) program is here to insure that problems of discrimination and sexual harassment are identified and resolved.

But it is also in place to make certain the problems reported are indeed discriminatory, and not based upon misunderstanding of policy, according to Medical Service Corps Officer Lieutenant Commander James Meniffee, the program coordinator.

"People are not always completely familiar with the system, or they often confuse discrimination with what may be a personality issue or a local departmental policy," he said. "At the same time, they may be unable to resolve problems they might have because they do not understand what rights they have, or know the procedures for redress of their complaints and grievances."

Navy policy requiring uneccentric hair style is a good example. Depending on the background of the personnel, some may consider the policy to be discriminatory when it is really one of good grooming and professional appearance, Meniffee added.

And this is where CMEO comes in with its satellite Command Assessment Teams (CAT) and Command Training Teams (CTT). It is an entity mandated by the Chief of Naval Operations, whose purposes, duties and formation are outlined in Naval Operations Instructions (OPNAVINST) 5354.1C, Section III.

CMEO establishes the equal opportunity program for each command," said Meniffee, "and making it a management system that has the flexibility to respond to command

specific needs through the appointment by the commanding officer of CAT and CTT teams.

The CAT group is responsible for evaluating the equal opportunity climate at the command and to make recommendations to the commanding officer. The mission of CTT, on the other hand, is to teach Navy Rights and Responsibilities — to conduct seminars designed to help sailors understand their role in the Navy community, as well as their individual rights and responsibilities. The former is made up of a broad cross section of command personnel of both genders and of all ethnic origins and pay grades, with the executive officer at the helm. The latter must be petty officers 1st class and above, who are trained by the West Coast Equal Opportunity Detachment at Treasure Island. Personnel may interface on both teams, but the groups retain their separate identities.

"One of the biggest problems we might encounter here is one of retaliation or harassment," Meniffee said. "But I think it's important to emphasize that CAT is a committee appointed by the commanding officer, Rear Admiral David M. Lichtman, to help him make decisions regarding policy. And while we can't completely eliminate the possibility of reprisal, I think the commanding officer would deal very harshly with its evidence."

At Naval Hospital Oakland's CMEO meeting on June 8, in his presentation, Meniffee stressed that at the hospital, the chain of command is responsible for resolving discriminatory complaints at the lowest level possible. "If a person is not getting a problem resolved by the chain of command, that individual can contact me and I will assign one of our CAT members to

See, CMEO page 8

ER, from cover

ing, ventilation and air conditioning work.

The ER staff is composed of about 30 hospital corpsmen, 10 officers, six civilian board-certified physicians, two civilian registered nurses and two civilian medical clerks.

These dedicated members work around the clock, caring for about sixty patients a day — that's about 1,800 patients a month.

According to Navy Lieutenant Commander Martin M. Robinson, the ER's assistant department head, only one drawback has been encountered as a result of the move: "We're not physically located in the hospital, so we must take patients outside to get to the main hospital for diagnostic testing such as x-rays.

More important, Robinson maintained that although it's very unique to move an emergency room into a "mobile home," services will remain the same throughout the P-122 project: "It's working great."



(Top) HN Mark Oliver prepares an injection for an emergency room patient. (Bottom) The temporary ER's nursing station permits staff full view of patients. (Photos by JO2 T. S. Begasse)

June 16, 1990
92nd H



"Though I wear my medals, I don't consider myself a hero. To me, you are the heroes. It's you, when I go on deployment, I leave my family with. I trust you. I honor you. You are the heroes of my life," spoke Lt. Cdr. Larry Jacobs as he emotionally recounted his experiences during the Vietnam War as a hospital corpsman."

July 6, 1990

Hospital Corps Birthday



(Clockwise from below) Treasure Island's Navy Band delights the audience with lively tunes from the past and present during the 92nd Hospital Corps Birthday Ball held June 16 at the Oakland Airport Hyatt Regency. The guest speaker for the celebration — a highly decorated former hospital corpsman from Oak Harbor, Wash., LCDR Larry Jacobs, emotionally recalls his experiences as a Navy "Doc." NHO's color guard parades the Colors. A colorful balloon cascade complements a ice-sculpted 92nd Birthday centerpiece. As "DJ," HMCS Clifton Carter has few equals. HM1 Joseph Manifold (left) and HM1 Brian Findley (right) participate in the cake cutting ceremony while "MC" HMCM Michael Stewart looks on. (Center) This night was one to remember by the many who gathered in celebration of the most decorated corps in the Navy! (Photos by JO2 T. S. Begasse)



'The Eagle has landed'

By Gail S. Cleere
Office of the Oceanographer of the Navy
WASHINGTON (NES) . . .
"It's a beautiful morning for a trip to the moon."

So croaked the voice of Jack King, NASA public affairs officer, over the loudspeaker at Kennedy Space Center on July 16, 1969, as *Apollo 11* readied itself for liftoff on a mission to carry three men to the moon. The Naval Observatory had prided emergency navigational star data, while the whole world held its breath.

An hour after launch, a boy born in Pakistan was named Apollo. The West German Bavarian State Mint began striking commemorative gold coins that said, "The First Man on the Moon, 1969. Space Belongs to everyone." In Indiana, a new mother named her son Neil.

Four days later, the world heard these historic words: "Houston . . . Tranquility Base here. The *Eagle* has landed."

The time was 4:18 p.m. Cape Kennedy time, Sunday, July 20, 1969. Man had landed on the moon. It wasn't until 10:40 p.m. that Neil Armstrong and Buzz Aldrin emerged from the *Eagle* and stepped down the nine rungs of the ladder.

Armstrong's words are engraved in our minds: "That's one small step for a man, one

giant leap for mankind." Aldrin was next, and though his words are mostly forgotten, in their own way they are no less poetic: "Beautiful, beautiful, beautiful. A magnificent desolation."

They erected the American flag, leaving a plaque that said, "We came in peace for all mankind." They collected rocks and soil samples, and filled large suitcases full of these items. They set up a metal foil to catch subatomic particles blown through space by solar wind, and they left lunar retro-reflector arrays, still used today for lunar-laser ranging. And they left their footprints.

At 1:11 a.m., Monday, July 21, they climbed back on board and closed the hatch of *Eagle* behind them. At 1:54 p.m., they blasted off the moon to return to *Columbia* and fellow astronaut Mike Collins. Six hours later, *Eagle* was jettisoned from the mother ship to crash land on the moon when its orbit degraded. On Thursday, the first three men on the moon returned home, splashing down in Polynesian waters.

This month we salute and gratefully thank the thousands of men and women whose hard work and imagination made possible this extraordinary expedition — one of mankind's greatest achievements.

No plans for civilian early outs

By Evelyn D. Harris
American Forces
Information Service

Rumors of DoD-wide early retirement programs of civilian employees are unfounded, according to top DoD personnel officials.

"We don't want to lose good people unnecessarily," acting Deputy Assistant Secretary of Defense for Civilian Personnel Policy Frank Cipolla said recently. "Despite the wishful thinking of some people, DoD is not currently planning a department-wide early out." Cipolla noted that at least five

percent of the total DoD workforce would have to be facing involuntary separation before a department-wide early out would be considered.

"The only early retirement proposals being considered now are locally-generated ones," Cipolla said. "Under the current system, if an activity faces cutbacks that may make involuntary separations necessary, its personnel office prepares a proposal and sends it to us through channels. Right now, we're letting the system work — and it works expeditiously and well," Cipolla added.

CMEO, from page 5

inquire into the complaint," he added.

However, if the system breaks down, then it is the CMEO coordinator's duty to inform the commanding officer of the situation; and, if a just cause is involved, to give him an opinion together with whatever evidence has been accumulated. In other words, Meniffee concluded, while the commanding officer is the ultimate enforcer of equal opportunity issues, CMEO prefers to take care of complaints

at the lowest level possible, through the chain of command.

Meniffee emphasized that CMEO is a military program, indicating that its civilian counterpart is the Equal Employment Opportunity program, also headed by the commanding officer, with Weldon D. Miles as his deputy.

Editor's Note — If you want to register a complaint or need further information, you may contact Lt. Cmdr. Meniffee at 633-6524

CNO stresses service college education

By 1stLT George Ishikata
Fort Funston, San Francisco

"Officers whose assignments do not permit in-resident education [should] avail themselves of the education offered by the Naval War College, College of Continuing Education," urged a recent Chief of Naval Operations Service College Education policy statement.

"Enrollment in these courses is an important and career-enhancing professional undertaking, and it should be recognized as such by commanders and commanding officers," the policy statement continued.

The Naval War College has

offered continuing education courses through correspondence since 1914 and through nonresident seminars since 1974. The nonresident seminar program has recently expanded to cover 14 geographic sites around the Bay Area. Open to officers in grades O-3 and above and civilian employees of the government GS-11 and senior, this graduate-level education program offers the same three courses: Strategy and Policy, National Security Decision Making and Joint Maritime Operations, all taught at Newport, RI.

Completion of the three core courses leads to a Naval War College Command and Staff level diploma. Enrollment

for the coming academic year, which begins during the week of September 4, has already started and will continue through July. Enrollments meet once a week at Newport over the 36-week academic year. For further information, contact the local liaison officer: 1st Lieutenant George Ishikata, CANG, (California Army National Guard), Fort Funston, End of Zoo Road, San Francisco, CA. 94110, phone 469-6298, or the Naval War College, College of Continuing Education at 401-948-2135 or 401-841-2135.

Enrollment is limited and applications must be submitted no later than July 1, 1990.

Navy captain becomes first woman to take command of a Naval Station

SAN FRANCISCO, Calif. — Captain Marsha Johnson Evans, USN, assumed command of Naval Station Treasure Island from Captain C. Thomas Vaught June 15, becoming the first woman to have command of a Naval Station.

The ceremony included retirement honors for Captain Vaught, who retired with 31 years of distinguished service. His career included deployments to the Middle East, combat tours on search and rescue station Tonkin Gulf, and close combat in the canals of the Mekong Delta, Republic of Vietnam. He also led the recovery of Treasure Island in the aftermath of the 1989 Loma Prieta earthquake.

Evans was commissioned as an Ensign in August 1968 at Women Officers School in Newport, R.I. Following officer indoctrination, she served at the Defense Intelligence Agency, Washington, D.C.; on the staff of commander, Fleet Air Western Pacific, Atsugi, Japan; and in the Office of the Chief of Naval Operations

(OP-04). In 1973, she became the first woman to serve as a surface assignments officer in the Bureau of Naval Personnel, serving concurrently as senior navy social aide to the president.

In 1974, Evans was selected to be a chief of naval operations scholar. In 1977 she was assigned to the staff of the commander in chief, U.S. Naval Forces Europe, as mid-east policy officer.

Evans was selected for the White House Fellowship program in 1979, and served the one-year fellowship as executive secretary and special assistant to the secretary of the treasury. She was then reassigned to the Office of the Chief of Naval Operations (OP-96). The following year she became the deputy director of the President's Commission on White House Fellowships. In 1982, she was assigned as executive officer, Recruit Training Command, San Diego, and from September 1984 to July 1986, she served as commanding officer, Naval Technical Training

Center, on Treasure Island. Evans then served at the Naval Academy as a battalion officer responsible for military training of more than 750 midshipmen. She also taught political science and served as a member of the Chief of Naval Operations Study Group on the progress of women in the Navy. She has just completed a one-year tour as chief of staff, commander Naval Base San Francisco, at Treasure Island.

Treasure Island Naval Station's new commander is a 1989 graduate of the Naval War College. She holds a B.A. degree in International Relations from Occidental College, Los Angeles. Military decorations include the Meritorious Service Medal (four awards), the Joint Service Commendation Medal and the Navy Commendation Medal.

Evans is a native of Springfield, Illinois. She is married to Lieutenant Commander Gerald R. Evans, USN, Retired, of Pensacola, Florida.

EEO news

Principles of equal opportunities

By Weldon D. Miles
Deputy EEO

This Command is dedicated to the principles of equal opportunity for all — patients, visitors, and staff (active duty, retired, or civilian). Through special recognition programs (like Women's History, Women's Equality, Asian Pacific American, Black History, and Dr. Martin Luther King Day) we have the opportunity of appreciating and becoming more sensitive to the contributions and accomplishments

of diverse groups at this command. Special recognition programs heighten our awareness of the hurdles and obstacles that particular groups have encountered in the past. These programs also provide a benchmark upon which further improvements can be realized.

Not only do these special recognition programs bring out the best in our people, but they are fun. A wealth of talent has been witnessed on stage, from choirs and native

dancing to guest speakers. In addition, the variety of ethnic foods has pleased many palates. These programs enable us to enjoy the cultures, foods, and talents of the varied staff at Oak Knoll.

The strength of our country depends upon the diversity of its citizens. We at Oak Knoll, value and benefit from these differences. Through these special recognition programs we honor the people who make this a special place.

July 6, 1990

Red Rover

Here's to your summertime health

Courtesy Branch Medical Clinic, Treasure Island

Editor's Note — This is the first of a two-part article designed to help you spend a happy, healthy and trouble-free summer.

Summertime is here, and with the warmer weather comes many heat-related health problems. Here are a couple suggestions on how to avoid common medical discomforts and, in some circumstances, serious medical conditions and what to do should this happen to you.

Sunburn:

Sunburn is an inflammation of and damage to the skin caused by overexposure to sunlight or sunlamps. Sunburn can either be insignificant or serious, depending on the intensity of the sun's rays, the length of exposure and the susceptibility of the individual to the sun's effects.

The best prevention of sunburn is simply to avoid prolonged exposure to the direct

rays of the sun or sunlamp. When this is not possible, the first line of defense is to cover the skin completely, preferably with cool, loose-weave, loose-fitting light-colored clothes.

The second line of defense is a sunscreen: oil, cream, paste, lotion or liquid. Most sunscreens are intended to block ultraviolet rays; the higher the number, the more protection provided. Many common preparations contain para-aminobenzoic acid. This compound may affect some individuals adversely, particularly those with photosensitivity (abnormal sensitivity of the skin to light) because of certain drugs. For these people, opaque (light-blocking) creams, pastes and lotions are available as well as other chemical sunscreens known as benzophenones.

Heat rash:

Heat rash, or prickly heat, is a mild skin condition that produces an itchy, burning

sensation. It is found most often in infants and overweight people who have overlapping folds of fat.

When skin surfaces press together, sweat ducts that carry secretions from the sweat glands to the skin's surface become temporarily blocked.

Heat rash can result any time the body needs to perspire. Most often, hot weather or exertion triggers the reaction. However, tight clothing or overdressing may compound the problem.

Prevention of heat rash involves reducing or eliminating the stimulus for sweating. Once sweating stops, the rash may disappear in a few hours.

The affected person needs to stay in a cool environment and refrain from exertion. Cool showers followed by thorough drying can also help, as can wearing light, loose-fitting clothes. If discomfort becomes prolonged or extreme, a doctor should be consulted.

Nutrition Notes

How, why: as important as what you eat

By CDR B.L.W. Hayes
Head, Food Management Department

A successful weight loss program is 3-pronged, consisting of diet modification, exercise and behavior modification. You've probably heard a lot about diet and exercise but very little about behavior modification. The success rate for weight loss is significantly higher with behavior modification than with diet, exercise or a combination of diet and exercise. Even when utilized alone without being combined with diet and exercise, behavior modification comes out tops for effectiveness.

Effectiveness refers to maintaining weight loss as well as taking it off. Many individuals find that keeping weight off is as difficult, or more difficult, than taking it off. Behavior modification is very successful for improving the odds that your weight loss will be a permanent one rather than a temporary one. Many weight control programs fail because this important ingredient is missing.

So what is behavior modification? Well, while diet deals with changing *what* you eat, behavior modification emphasizes changing *how* and *why* you eat. Eating habits such as skipping breakfast, eating too fast, eating in front of the T.V., eating only one meal a day (the evening meal), "tasting" while you're cooking, eating in response to stress, mak-

ing food convenient and eating in areas other than those designed for meals can all contribute to a weight problem and can sabotage the best efforts at dieting.

The best tool for behavior modification is a food diary where you record what, when, where and why (how you're feeling) you eat. After keeping a food record for a week or two, you will begin to become aware of patterns such as grabbing a can of beer from the fridge as you walk through the kitchen when you get home from work.

Behavior modification involves interrupting habit patterns which contribute to overeating. This may mean changing your behavior; i.e., entering the house through a door that doesn't take you past the stimulus (refrigerator). Sound simple? It works. You may discover that whenever your mother calls, you feel a great urge to eat. She's been on your back again about gaining too much weight. You find you're eating in response to stress, not hunger. This awareness gives you a choice which equates to control. You can tell your mother to get off your back instead of using food to help you stuff your negative feelings.

Is the food in your kitchen instant, quick, microwavable, ready-to-eat, on the lowest shelf or even the counter or at the front of the refrigerator? Do you have food in the

den, bedroom, T.V. room, the drawer by the phone, etc? Then you're making eating too convenient and exposing yourself to strong visual stimuli which can sabotage the strongest will power and the best intentions. The following behavior modification techniques are recommended; however, everyone is unique, so keep a food diary *first* to determine what your own personal demons are:

1. Eat three meals a day. Put everything you intend to eat on your plate or tray at one time. Don't go back.
2. Take at least 20 minutes to complete your meal. Eat slowly.
3. Do not eat while doing anything else except talking. If you can't make the change to not eating in front of the T.V., then consume only raw vegetables, diet soda, black coffee or calorie-free food items.
4. Remove all food from all areas of your house except the highest shelves in the kitchen. Keep it out of sight.
5. Designate an area for eating and don't eat *anywhere* else unless what you're eating is calorie-free.
6. Record *everything* you eat as soon as you eat it. This keeps you aware of how much you're eating and will motivate you to eat less.

Chaplain's Corner

On reconciliation

By LT Karla M. Seyb-Stockton
Pastoral Care Department

If you have never been angry with anyone . . . don't read this. If you have never been hurt by what someone else said or did, or by what they didn't say or do, then please, turn the page.

But if you, like me, have been angry or hurt once or twice in your life, please read on! Both anger and pain are normal healthy feelings that can be productive when expressed at the right time and place. We often mistakenly assume that because anger and pain are unpleasant, they must be bad. They are not. They are both very valuable.

Physical pain is a signal that something is wrong in the body. Emotional pain serves the very same purpose. When we are hurting, it is time to step back and see what we can do to prevent its recurrence. The same goes for anger. Anger's value is that it is an energizing, motivating emotion. We can use that energy for quick action and quick decision-making. We can also use that energy as a stimulus for change over the long haul.

The biggest challenge regarding anger and pain in relationships is how to deal with it so the relationship can be maintained. This is a challenge not only for marriages, but for co-workers as well.

Chaplain leaves his mark

By Andree Marechal-Workman, staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — Reserve Navy Chaplain, Lieutenant Commander Alberto V. J. Cordova, may have spent his formative years in landlocked New Mexico, but it is life at sea he remembers as one of his most memorable experiences.

And while he talks enthusiastically about all his shore duty stations, his seven-month deployment to the Mediterranean is what stands out as the hallmark of his active duty career.

"From April to November, 1983 . . . suffering with the 10,000 other sailors whose regular grueling days at sea allowed very little time to rest . . .," he recalls, "we worked easily 16 to 20 hours a day, often six to seven days a week."

But the monotony of "grueling days at sea" was relieved with exciting liberty — what he calls "the once in a life-time visits to Israel, Greece, Italy, Spain, when he traveled the paths where Jesus walked, where the Apostle Paul and a

Ignoring anger or pain, hoping it will go away is usually not a productive way to deal with it. Then it stays with you and more often than not, it grows into something ugly and unmanageable. The better way is to recognize that the anger or pain is a signal that something needs to be changed and use the energy it produces to work on making that change. The time to do it is near the time of the problem, but enough after that any hostility has cooled.

This is the window of opportunity for making your shared lives better. Another thing to avoid is blaming. Once the harm has been done and the pain is felt, it no longer matters who is "at fault." If the truth were told, more often than not both sides contributed to the whole disagreeable situation, so both need to take some initiative to find a solution.

Growing together in relationships despite *and because of* hard times takes a lot of disciplined hard work. To use the anger and pain that is the inevitable part of human relationships to grow together in peace takes courage, trust, risk and dedication to a happy result. The reconciliation that grows from working on a solution *together* is a great gift that enhances life and personal well being. It is well worth the effort.

host of saints and martyrs lived and worked."

Commissioned a Naval officer in September 1981, Cordova joined the Navy to pastor personnel of all faiths and traditions and conduct Protestant services in the Presbyterian tradition. He joined the Reserves at his release from active duty in 1985. Since then he's served on many ships and in Naval hospitals located in the four corners of the country: Guantanamo, Cuba; Great Lakes, Ill.; Bethesda, Md.; San Diego, Calif. and, during the last ten weeks, right here at Naval Hospital Oakland (NHO), where he's been untiring in his efforts in behalf of the command.

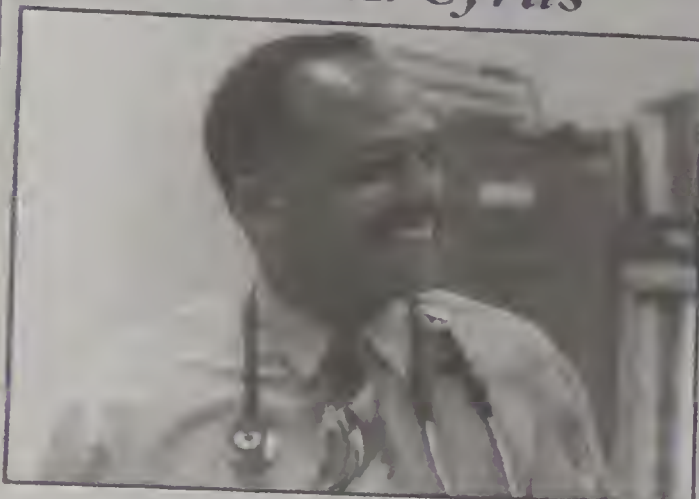
Some of these efforts had sad implications, others were happy moments. Working and praying with families of the terminally ill and comforting stressed-out staff are among the former. Visiting maternity wards and assisting with command celebrations figure prominently among the joys of his pastoral care here.

See CHAPLAIN, page 10

Up-close with Oak Knoll staff members

By SN M. T. Herrington, staff

Andrew E. Cyrus



Current career area: Emergency Room

Your job: Emergency Room medical director.

Marital status: Single

Hometown: Los Angeles

Hobbies: Cycling, weight lifting, water skiing

Likes: Tall thin women, rambunctious kids, health foods

Dislikes: Thai food, discos

What is the most challenging part of your job: Managing people. They come in all types, shapes and sizes — each with his or her own story. Meeting people is always enjoyable and a challenge.

What is your immediate goal: To further improve on my own skills at people managing and to be able to teach others this valuable skill

What is your long-term goal: Managing multiple emergency departments at the same time and a beach house in Tahiti.

If I could do it all over again, I'd: Relax a bit more early on, so I could enjoy all that I've done that much more.

I wish I could stop: Homelessness — especially for children.

I respect myself for: My willingness to listen, try to understand others and to never inflict my opinion on others.

Role models/heroes: Roger Craig for his body, George Michael for his voice and Diana Ross for her guts.

Comment you wish you share: Military medicine (Navy medicine) has been a unique and enjoyable experience — indeed very complementary to my previous seven years in emergency medicine.

LTJG Mollie J. Mullen



Current career area: Pediatrics/Neonatal Nursery

Your job: Caring for acutely ill medical and surgical pediatric patients, and premature newborn infants as well as teaching corpsmen.

Marital status: Single

Hometown: San Diego, Calif.

Hobbies: Outdoor activities, ocean sports

Likes: Meeting and talking to people

Dislikes: Crime

What is the most challenging part of your job: Comforting parents and children who have chronic illnesses or require lengthy hospitalization.

What is your immediate goal: To obtain my graduate degree — Pediatric nurse practitioner.

What is your long-term goal: Marriage, children, and to continue to pursue my Naval Reserve and nursing careers.

If I could do it all over again, I'd: Do the same things. I can't imagine practicing any other type of nursing than pediatrics.

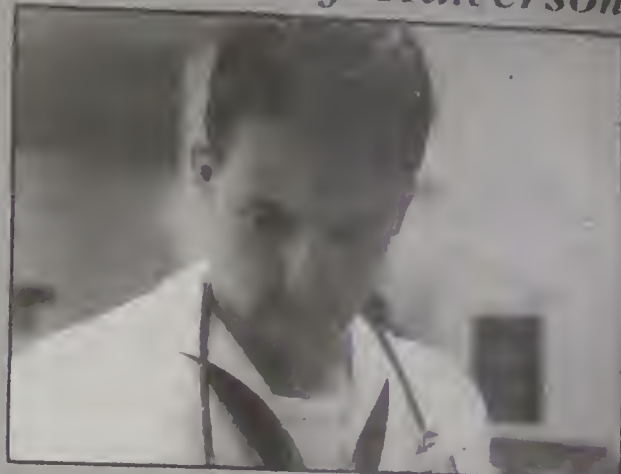
I wish I could stop: Poverty and global hunger.

I respect myself for: My independence, strong will and open mindedness.

Role models/heroes: Captain (select) Mary Jo Majors, NC, at Bethesda.

Comment you wish to share: I'm a Naval reservist, direct commission in 1987; My civilian employment is at San Diego Children's Hospital and University of California San Diego Medical Center.

HN Thomas J. Halverson



Current career area: 6-West

Your job: I take care of pre and post operative patients.

Marital status: Married

Wife: Jenelle Lynn Halverson

Hometown: Idaho Falls, Idaho

Hobbies: Writing music, motocross, the outdoors

Likes: Being happy on and off the job

Dislikes: Judgmental people

What is the most challenging part of your job: Having to continually learn newer and better techniques related to surgical care

What is your immediate goal: To finish college and enter medical school

What is your long-term goal: To become a medical doctor.

If I could do it all over again, I'd: Never change anything. I'm happy with my life so far

I wish I could stop: Political involvement in areas where it does not belong.

I respect myself for: My adaptability to any and all situations.

Role models/heroes: My father, mother and my grand parents.

Comment you wish to share: I feel that the staff here at Oak Knoll is probably, if not the best in Navy medicine and I would like to thank my co-workers for pushing me to my full potential.

Navy Nurse Corps officer receives inspirational leadership award

By JO2 T. S. Begasse, editor

NATIONAL NAVY LEAGUE, PORTLAND, Ore. — One of Naval Hospital Oakland's resident heroes, Lieutenant Commander Alison L. Mueller, was awarded the Winifred Quick Collin Award for Inspirational Leadership (officer) by the National Navy League in Portland, Ore., June 4.

Mueller, head of the Life Support Division, Command Education Department, received recognition for her on-

scene coordination of disaster recovery efforts at the devastated 15-block section of the collapsed freeway in downtown Oakland that claimed the lives of 36 people: "She was such an inspiring leader during this demanding rescue effort that, at times, it was only her confidence, enthusiasm and persuasive reminders of the importance of their work that kept many personnel functioning," said National Naval League President Calvin H. Cobb Jr. as he presented Mueller her award.

As the first Navy Nurse Corps Officer in history to receive such a prestigious award, Mueller was quite honored: "I'm especially honored to receive such a significant award. Not only do I feel this reflects well on women in the Navy, but also on the members of the Naval Nurse Corps as a whole."

The awards were presented as part of the Navy League's 1990 National Convention held June 1 through 6.

Chaplain, from page 9

"I've been honored to be with some families who've had to make difficult decisions about life support," he said, singling out young, helpless and vulnerable leukemia patients and their suffering parents.

"I've also been privileged to have been a part of several celebrations: Asian Pacific Islander Week; the Passover Seder and the Cinco de Mayo festivities at Club Knoll, when Patricia Rodriguez, a Chicano artist from San Francisco, presented one of her original prints to Admiral Lichtman." Rear Admiral David M. Lichtman is the hospital commanding officer.

Cordova is married to the former Antonia Drabek and has three children — 22-year-old Antonia, 13-year-old Adeline and 10-year-old Alma Rita. After leaving NHO on June 29, he joined the Bureau of Indian Affairs as a supervisory social worker with the Jicarilla Apache Tribe, in Dulce, N.M.



Red Rover

July 6, 1990

News from Branch Medical Clinic Alameda

NAVAL AIR STATION, ALAMEDA, Calif. — At a recent ceremony, the officer in charge presented letters of commendation to Petty Officer 2nd Class Dante Panugaling, Petty Officer 3rd Class Andrea Hebert and Hospitalman Nicole Juneau for superior performance of duty. Additional letters of appreciation were presented to Petty Officer 1st Class Danilo Daco, Petty Officer 2nd Class Josiah Robertson and Petty Officer

3rd Class Joel Warners for their excellent performance of duty.

The branch medical clinic team says "Hail" to Petty Officers 3rd Class Willie Crump and David Miller, Chief Petty Officer Yvonne Wood, Petty Officer 2nd Class Linda Hesse, Petty Officer 1st Class Jose Musni, Hospitalman Darryl Holloway and Petty Officer 3rd Class Leland Crawford. The clinic will also be saying "Fairwell" to Hospi-

talman Nicole Juneau, Chief Petty Officer Patrick Gerrells, Petty Officer 2nd Class Eugene Brannon, Petty Officer 2nd Class Josiah Robertson, Lieutenant Robert Davis, Lieutenant James Amsberry, Petty Officer 1st Class Jeanette Roseberry, Petty Officer 2nd Class James Diamond, Lieutenant Robert Graff, and Chief Petty Officer Ray Thomas.

Courtesy of Branch Medical Clinic Alameda.

Wagner promoted

LTJG Jeffrey Wagner, NC, blushes as he is overwhelmed by his colleagues' enthusiasm at his recent promotion. (Photo by HM3 K. Barnett)



Diamond Reenlists —

In a recent reenlistment ceremony held onboard Naval Station Treasure Island, (left) LCDR Laura A. Prager, Medical Corps, reenlisted HM2 James B. Diamond. Diamond is presently assigned to Naval Branch Medical Clinic, NAS Alameda. Petty Officer Diamond reenlisted for three more years and will be transferring to Naval School of Health Sciences in San Diego for additional advanced training in radiology in July. (U.S. Navy Photo)



Husband and wife team reenlistment

In a double reenlistment ceremony onboard the USS Texas (CGN-39), (from left) LT Robert S. Graff and LT Bruce D. Mikesell reenlisted two of the Navy's finest Hospital Corpsmen. HM1 Jeanette Roseberry, Naval Branch Medical Clinic, NAS Alameda, and husband, HM2 Robert Roseberry (right), currently assigned to the USS Texas. The "team" reenlisted for a grand total of ten years. The husband and wife team received orders to their next assignment, Naval Hospital, Jacksonville, Florida, in July. (U.S. Navy photo)

Robertson bids farewell

HMC Larry L. Robertson, career counselors office, renders his final salute while exiting the quarterdeck of Naval Hospital Oakland on June 1 (Photo by SN Mark T. Herrington)



TEN YEAR LENGTH OF SERVICE AWARD

Kathryn D. Cirmelli/X-Ray
Mary A. Villanueva/Lab

GOOD CONDUCT AWARD (FIRST)

SN Michael J. Evans/Comm
PCSN Kevin M. Hughes/Postal
HN Schimechlyn M. Jones/PCC
HM3 D. L.M. Abadia/Records
OS3 Edward M. Cantu/Security
HM3 Douglas R. Claycomb/BEQ
HM3 R. G. Constantino/6E ICU
MS3 Rizal T. Ednalino/BEQ
MS3 Charles E. Fitch/BEQ
HM3 Eddie L. Hadley/OR
HM3 Melody K. Jimenez/7W
FC3 M. A. Kantz/Med Repair
HM3 Franklin P. Kribbs/8E
Melissa D. Lord/PT Admin
MS3 Sinclair L. Nixon, Jr./BEQ
YN3 R. Q. Porterfield/Admin Sup
HM3 Angila B. Sharpe/Peds
MS3 Pacito W. Villanueva/BEQ
Nestor D. Escalada/Lab
MS2 David E. Hansen/Med Hold
SK2 C. M. Huffman/Mat Mgmt
OS2 Rayond J. Kelly/Comm
MS2 P. S. Manrique/Food Mgmt

GOOD CONDUCT AWARD (SECOND)

HM3 Charles B. Read/Derm
MS2 Jerome E. Bieter/BEQ
HM2 C. Janssen/Med Repair
HM2 M.W. Probandt/CardioPulm
OS1 Neil H. Thomas/Security

GOOD CONDUCT AWARD (THIRD)

MS2 Luisito M. Barron/BEQ
DT2 David B. Sims/Dental
HM1 A. L. Buchholtz/Mil Pers

GOOD CONDUCT AWARD (FOURTH)

PNC Jeffrey J. Kume/Admin Sup

CIVILIAN RETIREMENT

C. A. Simonson/Amb Care

NAVY ACHIEVEMENT MEDAL

DKSN Richard Paul/Budget
HM3 Melissa D. Lord/PT Admin
HM3 V/A. Mandella/Nsng Admin
HM3 L. H. Shuffler/Ed and Trng

HM2 Allen Vintola/Pharmacy
ET1 D.L. Cruthirds/LPO Med Hold
DT1 Juan Ramos/Dental
HM1 Carlton Sanders/PT Admin
LTJG L. K. Finley/INPT Admin
LTJG G. D. Fowler/MO Plan
LCDR Patricia Buss/Gen Surg
LCDR Russell J. Trevena/Peds

NAVY COMMENDATION MEDAL

CDR Donald W. Jensen/X-Ray
CAPT T. P. Dresser/Nuc Med
CAPT John C. Shaffer/OB/GYN

OFFICER PROMOTIONS

LTJG Leslie K. Finley/PT Admin
LTJG Julie M. Grundmayer/8N
LTJG Tina L. Key/NS-6W
LTJG D. T. Kwiatkowski/NS-6W
LTJG Alexandra R. Leeds/9W
LTJG M. J. Levine/Labor/Deliv
LTJG Sandra A. Masonburns/8S
LTJG Karen R. Munro/9W
LTJG Jeffrey D. Wagner/7W
LTJG Julie A. White/NS-6W
LTJG Arthur B. Hanley/7W
LCDR J. M. Sandler Otorhino

Hails and farewells

Arrivals

PNC Jeffery Kume
YN3 Michael Voorhies
HM2 Christian Janssen
HM3 Cassandra Briggs
ABHC Roy Warman
LCDR Dianna Capri-Dowdy
SR Ronald Mata
MS3 Charles Fitch
HM2 Nancy Maldonado
HM2 Michael Pasley
HM1 Carlton Sanders
SA Armando Calderon
SR Staci Drown
MS2 Peter Ferrante
LT Laurie Duke
HN Ferdinand Aben
SMSN Charles McWhorter
ABHC Francis Alioto
HM2 Roy Greene

Departures

HM2 Renilo Acosta
HM2 Harvey Ausmus
HN Thomas Bailey
LT Susan Bainbridge
LT Thomas Barry
LT Joyce Basick
HA William Breeding
SA William Burl
HM3 Michael Byrd
OS3 Edward Cantu
MSSN Dolores Castro
YNSN Thomas Rizzo
HM3 Laurel Shuffler
LTJG Sharon Clark
HN Vance Clayburn
HM2 Brian Curtis
SKSA Tony Davis
HM1 Quirino Dedios
CAPT John Dinan, Jr.
HM3 Allan Dunham
LCDR Anthony Esposito
LTJG Constance Harris
HA Brian Jeffries

BM2 Lamonta Johns
LT Christopher Kane
HM3 Laura Kantz
HM1 Robert Kerruish
HN Lamberto Lagmay
SH2 Kevin Lewis
HN Kevin Lowary
HN Angelo Manaois
HM3 Steven Marshall
HN Maryclare Mazzeo
HM1 Thomas Medina
HM1 Peter Monahan
HN Trevor Murchison
MSC Edilberto Ramirez
HMC Larry Robertson
HN Regino Sacla
HM2 Timothy Ulrich
LCDR Nancy Von Tersch
HN Oliver Williams
HR Ronnie Williams
LT James Willis
LTGJ Julie Wise
HM3 Angila Sharpe
SKSN Kurt Kimpton
MS2 Paul Bennett
JO1 Danilo Guiam

Bravo Zulu!

Reel Business



Warren Beatty stars as legendary police detective Dick Tracy, a servant of the people who is torn between his duty to the law, and his love for girlfriend Tess Trueheart (Glenne Headly). In Touchstone Pictures' new adventure "Dick Tracy." Tracy (Beatty, center, back to camera), comes face to face with the criminals that he has sworn to destroy including (from left to right) Numbers (James Tolkan), Flattop (William Forsythe), Big Boy Caprice (Al Pacino) and Itchy (Ed O'Ross). Produced and directed by Beatty, "Dick Tracy" is based on cartoonist Chester Gould's gallery of cops 'n' robbers characters, and also stars Madonna as Breathless Mahoney, Charles Durning and Mandy Patinkin, among many others. A Touchstone Pictures presentation in association with Silver Screen Partners IV, "Dick Tracy" is executive produced by Barrie M. Osborne and Art Linson & Floyd Mutrux, co-produced by Jon Landau and written by Jim Cash & Jack Epps, Jr. Buena Vista distributes.

Sports Roundup

By YN3 Daren Holt, staff

Championship pistol match

Are you interested in shooting? There will be a Central Pacific Sports Conference pistol championship match at Naval Air Station, Alameda July 21 at 8 a.m.

Commands are invited to enter individuals or one team in the championship match. Naval reservists on inactive duty, Fleet Reserve and retired naval personnel can participate in individual matches only.

Each individual must furnish their own weapon and service hard ball ammunition; match condition weapons will also be permitted. All personnel entered in the match are required to wear military shooting uniforms.

Contact Ron Brown at Naval Hospital Oakland's Morale, Welfare and Recreation Department for more information at 633-6450.

Men and Women's golf tournament

If you like to golf, here is an opportunity to have fun and win a trophy doing it. At Mare Island Naval Shipyard there will be a 18-hole golf tournament from July 19-22. Tee-off time each day is 9 a.m. On July 21-22 at 8 a.m., the finals will be held for the low 16 scores in the Men's Open Division and the low eight scores in the Men's Senior and Women's Division.

The open division includes all male golfers junior in age to the Senior division. The senior division is comprised of male golfers who have reached their 40th birthday on or before July 19, 1990. Seniors may also compete in the open division, although, this selection must be noted prior to the tournament, and all their competitions must be in the same division. If you have any questions contact Ron Brown at 633-6450.

Intramural Slow Pitch Softball standings

As of June 21, Pharmacy is on top with eight wins and no losses this season, playing against nine other teams in the intramural slow pitch softball tournament. The standings are as follows:

Team	Wins	Losses
Pharmacy	8	0
Alcohol Rehab/Neuro Psych.	8	1
Physical Therapy	7	3
Radiation Waste	7	3
Main Operating Room	6	4
Laboratory	5	4
Misfits	4	4
San Francisco Medical Command	3	5
Black Sheep	3	6
BMU	3	7

Skyline student reflects on past year

By Zinnia Ng

Advanced Biology Class
SKYLINE HIGH SCHOOL, OAKLAND, Calif. — Skyline High School has had the pleasure of experiencing Oak Knoll's Naval Hospital Oakland, wet labs. During the course of the 1989-90 school year, our Advanced Biology class was able to meet with some professional lab technicians from Oak Knoll. We were able to have an understanding of what lab technicians really do and how important they are to the field of medicine. Not only did they

introduce us to the labs, but we were also able to participate in the labs' activities.

Before a lab was given, we were given a brief lecture, some of which were quite interesting, making this a fun learning experience.

One of the most memorable labs was the one using electrophoresis which is directed with electric current to break down segments of DNA. I feel that a great appreciation needs to be given to all the lab technicians who took the time out of their busy schedules to speak to our small bi-

ology class of fifteen students.

Much was accomplished and it also led some students to find an interest in being a lab technician. I feel that this kind of communication continues to increase throughout the years to come due to the increasing interest of students.

Ms. Huang's 1989-90 Advanced Biology class was like to acknowledge all the people that made it possible for us to encounter such an enriched experience.

Market yourself for a second career

NAVAL STATION, TREASURE ISLAND — A Washington lecturer and author on career transition from military to civilian employment will be at Naval Station, Treasure Island on July 16 to talk to officers, top three non-commissioned officer grades and spouses on "Marketing Yourself for a Second Career."

Colonel Doug Carter, USAF-Ret., director of the Officer Placement Service for The Retired Officer Association (TROA) travels nationwide addressing military audiences composed of people who are nearing retirement or opting to leave military service.

In his free two-hour presentation, Carter introduces the audience to the realities

of the civilian job market, rejection shock, resume writing, networking, job interview strategy, salary negotiation and much, much more. He doesn't promise an individual instant job search success, but guarantees that each person who attends his lecture will profit from the knowledge gained and be ready to move in the right direction toward that second career.

Praised by military installation commanders for his depth of knowledge and dynamic delivery, Carter pointedly discusses all the pros and cons regarding retirement and the civilian job market. One attendee remarked, "It was the best... reenlistment pitch he had ever heard." For those leaving the service, there is a

wealth of helpful information provided by Carter.

Military members and their spouses, who are cordially invited to attend the lecture will have an opportunity to ask questions of Carter and will also receive a free copy of the publication, Marketing Yourself for a Second Career. Carter will be at the Basilone Theater (bldg. 401) on July 16 and begins his lecture at 8 a.m.

The Retired Officer Association sponsors these lectures, which in 1989 were presented to 20,000 personnel at over 80 military installations throughout the United States.

For more information contact the command project officer, Winston Coye, at 396-5176.

Computer tips

By Jim Brackman

Sr. Computer Specialist

Editor's note: To clarify what you're being told to type into your computer, quotation marks were added to the command — when typing this input, delete the quotations.

NAVAL HOSPITAL OAKLAND, Calif. — Did you know? If you are using a color monitor you could be displaying information in color instead of the old DOS standby (black/white). In your BIN directory or where you keep all of DOS external commands like FORMAT.COM, there is a multipurpose device driver called ANSISYS. This device driver allows the computer user to program their monitor the way they want to see things.

First you need to add a line of information to a file called CONFIG.SYS. Make sure you use a text editor that can save your CONFIG.SYS file in ASCII. This file is located in the root directory of your C:DRIVE.

Add the following line: "DEVICE=C:\BIN\ANSISYS" If you keep your external

ANSI.SYS COLORS		
	FOREGROUND	BACKGROUND
BLACK	30	40
RED	31	41
GREEN	32	42
YELLOW	33	43
BLUE	34	44
MAGENTA	35	45
CYAN	36	46
WHITE	37	47

commands located in a sub-directory name other than BIN, just replace BIN with the correct sub-directory name.

Second, you need to add a line of information to a file called AUTOEXEC.BAT which is also located in the root-directory of your C:DRIVE.

Add the following on one line: "PROMPT \$p - \$g\$e\$e[46;37m"

\$p - \$g\$e tells the operating system (DOS) to display your drive and directory, followed by a dash (-) and a greater than symbol (>). Examples: C: -> C:\ENABLE ->

\$e stands for escape, which allows ANSISYS to interpret the next instructions. The left bracket ([) begins the next in-

structions, in this example 46;37m are color combinations. They are cyan background NO.#46 with white NO.#37 foreground and the lowercase letter (m) terminates the command. Also note that a semicolon separates your colors, which is a must.

In order to keep the colors active when leaving a program like ENABLE, DBASE or LOTUS, make sure that you put a clear screen command (CLS) at the end of the batch file(s) which calls your programs. In most cases this works; however, some programs override ANSISYS. If that happens, you will need to reboot.

If you have any questions please call the Computer Hotline 633-5835.

NHO gets "A" on
JCAHO report card
Page 3

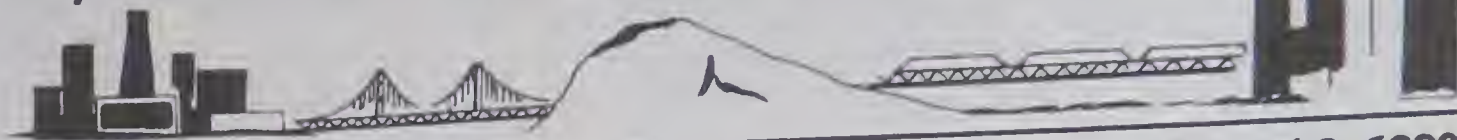
Swimming pool
reopens
Page 4

HMCS Clifton Carter receives
Senior Enlisted Semi-Annual
Leadership Award, Page 10



RED ROVER

The Navy's first commissioned hospital ship



Volume 2, Number 14

Naval Hospital Oakland, Calif. 94627-5000

August 3, 1990

San Francisco Medical Command joins federal state, county and city disaster medical planners

By JO2 T.S. Begasse
Editor

A recent report released by the U.S. Geological Survey estimates a 67 percent probability of a catastrophic Bay Area earthquake with a Richter magnitude of 7 or greater in the next 30 years.

Just two years ago the probability was estimated at 50-50 by the same team of geologists.

The alarming report, combined with the October 17 quake has generated a tremendous

interest in local earthquake preparedness aimed at meeting one main goal — saving lives in the event the probability becomes a reality.

The members of the San Francisco Medical Command (SFMC) have been aggressively focusing on disaster response efforts. With enormous amounts of resources, these medical response planners feel the military forces have significant experience to assist the local

community in this area. In fact, to promote cohesive emergency medical responses and communications between civilian and military officials during Bay Area disasters, SFMC sponsored the San Francisco Bay Area Medical Planners meeting July 20, aboard the United States Hospital Ship Mercy (T-AH 19).

"We feel that it is extremely important that all agencies in the San Francisco Bay Area plan together so that we can assist each other in case the

predicted catastrophic earthquake actually happens," said Navy Rear Adm. David M. Lichtman, commander of SFMC and commanding officer of Naval Hospital Oakland.

This meeting marked the first unification of members from the federal, state, county, and city sectors to coordinate and plan Bay Area medical disaster responses. From the Office of Emergency Services to the Emergency Medical Services Authority and from

the Public Health Services to the Air National Guard — more than 125 key civilian and military planners attended the three-hour meeting which culminated with an extensive tour of the hospital ship.

The meeting offered a platform for attendees to discuss issues of concern that have arisen since the October 17 quake, the role of the government during disasters, the National Disaster Medical

See SFMC, page 4

NHO's XO retires after 34 years

'You have made a difference, I shall always remember you'

By Andree Marechal-
Workman
Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — It was a perfect day on July 20, when Medical Service Corps officer, Captain Jack W. Bartlett, bid farewell to the staff at Naval Hospital Oakland (NHO), after 34 years of what guest speaker, Rear Admiral Donald E. Shuler, called "commendable excellence."

Bartlett, who was the hospital's executive officer (XO) for the past year, brought his own homefolk rooting section to round off a colorful display of Navy pagantry at the hospital's Admiral Circle.

"Life is a little bit like swinging," Bartlett reflected as he addressed an audience of some 100 military and civilian guests — some of whom came from as far away as Virginia and Washington, D.C. "You give a person a push and you have to keep going, and I certainly had my share of mentors who kept me going."

The young lieutenant the XO cited as an example of prime moving must have given him a tremendous shove because, on the evidence of the awards he was presented by the hospital's Commanding Officer, Rear Admiral David M. Lichtman, Bartlett was propelled to impressive heights.

In his opening remarks, Shuler, who is both assistant chief of logistics, Bureau of Medicine and Surgery and director of the Medical Service Corps, emphasized the role of "sensei," (a Japanese word meaning teacher) played by the distinguished retiring officer during most of his naval career. "He is, and always was, a 'sensei,'" Shuler affirmed, explaining that Bartlett not only shows how to perform a task, but instills in everyone the philosophy behind the deed.

"It conjures up thoughts of loyalty, honor, tradition, esprit de corps," Shuler continued. "He is a marvel of those leaders who prepares every junior

officer to replace him."

Lichtman presented his XO with personal letters of appreciation from Shuler and from the Surgeon General of the Navy, Vice Admiral James A. Zimble, along with a personal Certificate of Appreciation signed by Commander in Chief, George Bush.

But the "piece de resistance" was the prestigious Legion of Merit Medal (gold star in lieu of second award) "for exceptionally meritorious conduct in the performance of outstanding service from July 1989 to July 1990, while serving as the executive officer at Naval Hospital Oakland, Calif."

Throughout his tour as XO, Bartlett maintained an unflagging commitment to the medical support of all Bay Area beneficiaries, while saving over one million dollars in CHAMPUS expenditures.

Reminding the audience that Bartlett served "for ten years, 11 months and 19 days as an enlisted man," Com-

Continued on next page



CAPT Jack W. Bartlett, MSC, USN, bids farewell at his retirement ceremony on July 20. (Photo by JO2 T. S. Begasse)

NHO's XO bids farewell, from cover

mand Master Chief Michael L. Stewart presented him with a shadow box on behalf of all the enlisted personnel who served with him.

Administrative officer, Naval School of Hospital Administration, Bethesda, Md; executive officer, U.S. Naval Hospital Okinawa, Japan; and commanding officer, Naval Hospital Bremerton are among the prominent assignments that figure on Bartlett's service record, in addition to his NHO tenure as XO.

It was not easy to bid fair winds and following seas to such an outstanding and

popular leader. But, as Lichtman reminded the audience, "It's always good to know that, standing and looking at me today, there's a young officer who'll come up and take his place some day. It's a never-ending cycle and we're all thankful for that."

Bartlett is married to the former Mary T. McGrath, who was presented with a Certificate of Appreciation by Lichtman for her compassionate and staunch support during her husband's career. They have three children: John, Leigh and Janeen.

'Thanks to each of you who have touched me in some way. You have made a difference and I shall always remember you,' said Navy Captain Jack W. Bartlett, MSC.



RADM Lichtman (center stage) presents an award to retiring XO, CAPT Bartlett (right), as guest speaker, RADM Shuler (left) applauds. The audience is all ears — family (front row) and friends who came from as far away as Virginia and Washington, D.C. (Photo by SN M. T. Herrington)

From the Command Master Chief HMCM (SS) Michael L. Stewart, USN

highly-qualified personnel have attained this status. Their record of performance reflects the trust and position of respect which they have achieved. The chief is, and should be, the person most commonly looked upon for direction by the enlisted. Because of their experience the chiefs' community possesses an untold wealth of administrative "know how." Chief petty officers are, by tradition, problem solvers. "Let the chief do it" is not an idle phrase. They can, and will, provide insights and capability found nowhere else.

Chief petty officers have a communication network unmatched in the Navy. Let them help in your effort to get the "word" out.

We have a tremendous challenge to manage and provide optimal health care serv-

ices to our Navy. If we fail to use these resources appropriately, we have no one to blame but ourselves.

Congratulations to the following new chief selectees:

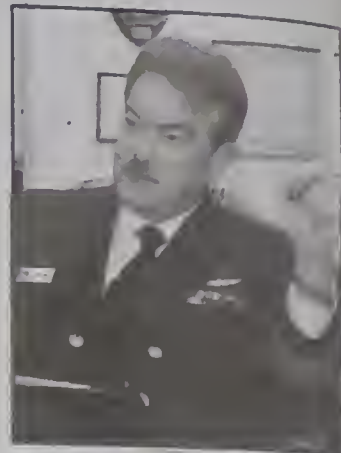
HM1 Benjamin Adona, Reserve Liaison; HM1 John Alden, Preventive Medicine Technician School Student; HM1 Suzanne Black, Career Counselor; MS1 Alfredo Castillo, Galley; HM1 Charles Henry, Preventive Medicine Technician School Student; HM1 Marty Manalastas, Pharmacy; HM1 Jean McColley, Preventive Medicine; HM1 Renato Ramirez, Pharmacy; HM1 Delmer Roberson, Branch Medical Clinic Concord; MM1 Robert Sherer, USNS Mercy; PN1 Dawin Tabligan, Personnel Support Detachment; and, HM1 Jeff Travers, Operating Room School instructor.

From the Commanding Officer RADM David M. Lichtman, MC, USN

On August 4, we celebrate the 43rd birthday of the Medical Service Corps and on August 22, the 78th birthday of the Dental Corps. I'd like to take this opportunity to recognize the important contributions dentists, allied health scientists and hospital administrators have made to Navy Medicine. From the first dentist who reported on the USS Solace in 1913 and the warrant officers (ancestors of Medical Service Corps officers) appointed between the two world wars, to their modern counterparts, Navy dentists, allied health scientists and hospital administrators have served with valor and distinction.

By observing these legislative anniversaries, we not only honor a proud tradition of many years' dedicated service to humankind and nation, but we also pay tribute to countless numbers of predecessors whose diligence and sacrifice ensured the heritage of military health care delivery.

As vital components of the intricate network that makes up today's Navy medical team, I believe the Dental and Medical Service Corps, each in its own



specialty, offer our beneficiaries as devoted a quality of care as did their predecessors in time of war and in time of peace.

In celebrating these anniversaries, and in a ceaseless striving to improve upon the delivery of medical care, may the members of both corps reflect with pride upon past and present contributions, and pass on to future generations the legacy of excellence set forth by an entire lineage of Navy dentists, scientists and hospital administrators.

My heartiest congratulations and best wishes to the men and women of these two splendid corps. I am extremely proud of our close relationship, and for the opportunity to serve together here at Oak Knoll.

Letter to the editor

To the Editor of the Red Rover:

I am writing this letter to publicly apologize to Dr. Andrew Cyrus of the Emergency Department for his absurd and inaccurate selection by the Intern Class of 1990, as "Most Malignant Staff" at the Intern Hail and Farewell Dinner.

The vast majority of the Intern Class of 1990 were shocked and extremely displeased with this inaccurately tallied and tastelessly delivered award. Several members of our intern class independently polled at least 25-30 fellow interns at the Hail and Farewell Dinner and discovered that the selection of Dr. Cyrus did not represent the wishes of our class. Instead, a very small and questionably motivated minority of the class selected Dr. Cyrus. In fact, at least three other interns refused to present the awards because there was such vehement disagreement over the selection of Dr. Cyrus.

To Dr. Andrew Cyrus, we extend our apology for the irresponsible actions of a few members of our intern class. Sincerely, the no longer silent Majority of The Intern Class of 1990.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published monthly by and for employees of Naval Hospital, Oakland (NHO) and its branch clinic. The publication features news, events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, 8750 Mountain Blvd. Bldg. 73C, Oakland, CA 94627-5000.

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RADM David M. Lichtman, MC, USN
CAPT Noel A. Hyde, MSC, USN
LT Alan J. ...
JOE Farn ...
Andree Marschal ...
YN1 ...
SN Mark ...



In common with the rest of the Navy, one of the greatest assets of the medical department is our chief petty officer community. However, far too frequently this valuable asset is underused. Our master, senior, and chief petty officers are a special resource that we must utilize in special ways. By virtue of their rates they have undergone, repeatedly, a selection process designed to ensure that none but our most

August 3, 1990

NHO gets 'A' on JCAHO report card

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — The pride that swept the halls of Naval Hospital Oakland (NHO) when, on May 4, the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) team commended the staff for a job well done turned into exultation when the organization recently sent its official notice of a three-year accreditation.

"I am very pleased," exclaimed Commander Dorothy A. Michael, Nurse Corps, the command's quality assurance coordinator. "We all heard what the surveyors said at the outbrief, but it's great to see it in black and white. The decisions and recommendations were outlined, and there were no surprises."

The official follow-up letter from JCAHO President, Dennis S. O'Leary, M.D., commended the hospital "for outstanding organizational performance," and gave NHO a grade of over 90 out of a possible 100.

"That's a strong, solid A," added Michael. "Some folks may not relate to the word accreditation, but I think we all relate to the feeling of getting an 'A' on a report card. We all need to give ourselves and each other a big pat on the back for this achievement."

"We prepared for the survey together, participated as we could together, and now we celebrate together. What a team!"

"Of course, there are some areas that need improvement and strengthening, and that's the whole idea. The name of the game is TQM — the process of continuous quality improvement."

Begun in 1951, JCAHO is a private, non-profit, nationally recognized organization made up of members from all major professional health care

organizations. Its standards are high and cover a wide range of hospital care — from surgical and anesthesia services to laboratory and ambulatory care. One of its survey teams came to NHO in May to examine specific areas of care, and after careful scrutiny, recommended accreditation subject to rectification of several secondary issues.

"Being accredited is evidence to our beneficiaries and superiors that we are totally committed to quality," explained Michael. "It is also a validation to ourselves that our efforts to provide the best possible care and services are recognized."

In defining the role of quality assurance (QA) in the accreditation process, Michael explained it as a consultant and, in large part, a conduit of information.

"Commander [Randolph] Bohn and I worked with the

departments in assessing the operation in relation to the JCAHO standards and formulating individual plans for monitoring and evaluating the quality and appropriateness of care being rendered. Documentation of individual administrative and clinical departments' efforts in this regard is essential and even pivotal to the accreditation decision. The surveyors can't observe the care first hand, therefore must rely on the evidence to assess us. The caring attitude and professional care and concern in demonstrating quality by all departments is obvious."

In the health care world, accreditation is serious business indeed. NHO has earned a reputation as one of the top Navy hospitals, and JCAHO accreditation confirms it as a special place where special people are dedicated to competent patient care.

Letter from the JCAHO President

Dear Rear Admiral Lichtman:

On behalf of the Joint Commission, I am writing to convey our official commendation to U.S. Naval Hospital for the outstanding organizational performance reflected by your recent accreditation survey and award.

Your review of your survey report indicates that U.S. Naval Hospital has received an overall accreditation grid score of 90 or above (out of a possible 100) which places your organization among the most effective accredited organizations. The key performance areas that are evaluated by the Joint Commission place primary emphasis on an organization's effectiveness in reviewing patient care and establishing sound internal processes to support the provision of quality care.

You and your organization may take great pride in this achievement. We are confident that you will direct timely attention to any outstanding Type I recommendations that your organization may have. Your organization's compliance with Joint Commission standards demonstrates your high level of commitment to the pursuit of excellence in patient care.

We wish you and your staff continued success.

Sincerely (signed), Dennis S. O'Leary, M.D. President, JCAHO, July 13, 1990.

Oak Knoll in brief

Compiled by YN3 Daren Holt

Material Management Stock Staff Alert

The Defense Personnel Support Center has advised an urgent drug recall of eye irrigating solution. The manufacturer has determined that the product may not be sterile. Bacterial contamination could cause serious infection in a scratched or damaged eye with the potential of possible vision loss. The National Stock Number (NSN), is non-standard, non-depot stocked over the counter item. The lot number is N4189, NDC 0536-0901-97, manufactured by Ocumed Inc. For further information contact Petty Officer 2nd Class Corrine M. Huffman at 633-6436.

Safety Department Moves

The Safety Department has moved from seven north to the third floor, room 3-45-26, Building 500, where the Personnel Support Detachment used to be. The new phone numbers for the Safety Department are 633-5622, 5844, 6086, 5875, 5916, 5837.

Dress White Uniform Now Optional for Females E1-E6

New dress white uniforms for enlisted women E1 through E6 were available in uniform centers July 16. Components are a 100 percent polyester certified Navy twill (CNT) jumper style top and bell bottom slacks. Jumper top may also be worn with present CNT belted skirt. These basic components provide E1-E6 women with uniform options for dinner dress white, full dress white and service dress white.

The uniforms are not required for wear until fiscal year 1992 when they will be included in the initial issue to recruits and the recalculation of the clothing replacement allowances.

Crew neck undershirts are required along with unit identification marks and female size rating badges, and service stripes are placed on jumpers. For more information contact HMCM Michael Stewart, command master chief, Naval Hospital Oakland at 633-5324, or consult the U.S. Navy Uniform Regulations.

On the Job Training for Corpsmen

The Respiratory Therapy Department is in need of on-the-job trainees, who will be trained by the department. This is a great way for corpsman to enhance their skills in the medical field. For more information contact Respiratory Therapy Department at 633-5434 or 633-5921.

Civilian Drug-Free Workplace Program, Collection Contract Administration Training

All drug program coordinators (DPC) are required to have certification as contracting officer technical representatives. The August schedule for training delivery is August 7 through 9 in Oakland, Calif., beginning at 8:30 a.m.

Designed to train students to become effective and efficient, this course will alert students to situations requiring additional attention in order to protect the government's interest. The course includes a comprehensive test that will certify as COTR's those students who demonstrate they learned the information disseminated. The course has been customized to include a sample urine collection contract and to provide information on how drug program coordinators will order services and monitor performance on the chief of naval operations collection contract.

For more information contact Ms. Margaret Pasholk at autovon 836-5452,53; commercial (415) 633-5452,53.

Transfer-Redesignation Board

The next Navy-wide Transfer Redesignation Board will convene on October 15. All applications, with command endorsement, are due at Naval Military Personnel Command (NMPC 211) no later than August 16. Any active duty Naval reservist interested in applying should contact Petty Officer 2nd Class Edwin Santa Maria at 633-6519.

Raise Your ASVAB Score

There will be a functional skills class, specifically designed to help raise ASVAB scores, September 4 - 14 from 7 a.m. through 11 p.m. in Building 133. Because seats are limited, interested personnel should contact the Career Counselor's Office to sign up and get more information.

Chaplain's Corner

We all identify with earthquake victims

By CAPT Herman Kibble
Director of Pastoral
Care Department

The idea of the earth as a global village gets added support from the quick question asked by Admiral Lichtman, departmental directors, personnel, and patients of Oak Knoll Hospital: "How can we help the Philippines Earthquake victims?"

Our recent participation in the World Series-interrupting, earthshaking event last October makes us more sympathetic to the tragedy in the

Philippines this month. We are our brothers' and sisters' keepers.

1990 earthlings, due to high technology, immediate communication and rapid transportation, we virtually live in one global village. Particularly, America is a microcosmic, mini-picture of the world neighborhood.

Relatives, acquaintances and friends of Oak Knoll personnel were directly affected in the Manila-Baguio earthquake. Accordingly, the hospital Chapel remains avail-

able for special prayer following up the special Day of Prayer, Tuesday, July 24.

If you would like to contribute funds for Philippines Earthquake Relief, you may do so by contacting Mr. Allen Geyer, station Manager for the American Red Cross at 633-5897, Petty Officer 1st Class Benjamin Adona, chairperson for the Filipino-American Earthquake Relief Committee, at 633-6769, 6064, or the Chaplain's Office located on the 3rd floor of Building 500.

Swimming pool reopens: Oak Knoll staff can take the plunge

By JO2 T. S. Begasse
Editor

In June 1944, actor/entertainer Kay Kaiser gracefully performed a breathtaking strip-tease climaxing with a belly-flop into Naval Hospital Oakland's newly commissioned pool, based on an article published in the June 24, 1944 edition of the Oak Leaf.

The swimming pool and bathhouse were a gift to Naval Hospital Oakland from former Mayor of Oakland, John F. Slavich, the citizens of Oakland and Kay Kaiser and his band, at a cost of \$271,000.

The festive commissioning on June 22, 1944 included a 100-yard exhibition by Ann Curtis, San Francisco swimming champion; rhythmic swimming by Jean Reynolds and Marion Hadley of the Fairmont Hotel; a special musical performance by Georgia Carroll, wife of Kaiser, former Powers model and featured singer of the band; and, commanding officer at the



Special ceremonies mark the opening of Oak Knoll's outdoor swimming pool. Kay Kaiser and his band raised \$26,000 at a benefit dance in downtown Oakland, and the City contributed funds for completion of the pool. (June 24, 1944, Official U.S. Navy photo)

time, Capt. A. H. Dearing who was presented with an official deed to the swimming pool by the mayor.

In April 1981, the first work to repair and improve the pool facilities began, and construction plans to redesign the pool were bid September 1983. Due to all bids exceeding statutory limit, the plans and specifications went back to the drafting table for revisions. Once the plans to redesign the pool were revised in August 1986, another obstacle was met by the hospital's facilities' department — asbestos was detected. This discovery increased the funding requirement, again preventing the redesign of the pool.

In December 1986, the project was finally authorized and the contract was awarded March 1987. However, that December, the contractor was terminated for non-perform-

ance and was released from the contract in April 1988.

Once again, the redesign of the pool went back to the drafting table. The replacement cost was revaluated at \$1,200,000. With the funds approved December 1988, the

hospital's commanding officer, the pool will be free of charge through the end of August.

The hospital's pool offers daily indoor swimming year round, from 11 a.m. to 8:30 p.m., Monday through Friday and from 11 a.m. to 7 p.m. on

active-duty personnel for lap swimming Monday through Friday from 11 a.m. to 1 p.m. and from 5 to 6 p.m.

Beginning September 1, minimal fees will be required to take advantage of the pool facility. Active-duty staff will be charged 50 cents. Active-duty family members and retirees and their family will pay \$1. Department of Defense civilians with membership cards will also pay \$1 and civilian guests will pay \$2. Children under the age of six get in free.

Individual monthly passes for active-duty members will cost \$10. Dependents, civilian and retirees may purchase monthly passes for \$15. And monthly family passes are available for \$20.

All children 10-years-old and under must be accompanied by an adult.

The swimming pool was a gift from former Mayor of Oakland, John F. Slavich, the citizens of Oakland and Kay Kaiser and his band at a cost of \$271,000.

pool construction contract was finally awarded to Daly Construction Company, September 1989, for a total cost of \$400,000.

Much to the delight of the NHO staff, the new and improved swimming pool reopened July 24. And, through the generosity of Rear Admiral David M. Lichtman, the

Saturday and Sunday. A certified life-guard will be on duty at all times.

For active-duty staff members interested in an alternate method of training than the traditional running and grueling calisthenics to keep in top physical condition — lap swimming is the answer. The pool will be available to ac-

SFMC, from cover

Systems (NDMS) and the 1991 Bay Area Medical Disaster Exercise tentatively scheduled for April 19.

Here's how the emergency system works. A local area, city or county, requests assistance from the state, Office of Emergency Services (OES), if needs exceed local resources. Once the OES verifies needs and reports to the governor, the state then requests assistance from the local Federal Emergency Management Agency (FEMA) Region. Then, FEMA verifies needs and reports to their national agency which, in turn, reports to the president. At this point, a national emergency is declared.

FEMA, acting on behalf of the president, coordinates the federal response (including the Department of Defense with the medical response coordinated by Health and Human Services) and appoints a local federal coordinating officer.

National FEMA goes to the Department of Military Services (DOMS) and requests military assistance. DOMS then tasks the Army (executive agent during all stateside disasters) to direct all DoD responses in the disaster site.

"In the San Francisco Bay Area, the 6th U.S. Army is the

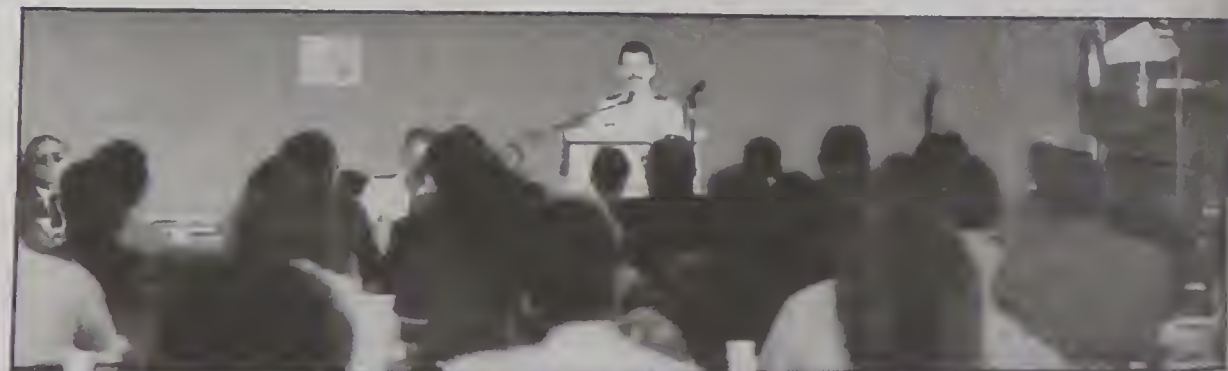
lead DoD command. If naval assets are needed, commander, 6th U.S. Army directs the commander at Naval Base San Francisco to supply those assets. If medical assets are needed, he can direct the commander, San Francisco Medical Command to supply those assets," explained Navy Lieutenant Michael Sashin, SFMC's assistant chief of staff for contingency and coordinator of the meeting.

The Public Health Services (PHS), a part of Health and Human Services, acts as FEMA's medical coordinator. In the Bay Area, PHS Region IX is the medical branch.

In all cases, "the state is in control of a disaster," stressed Sashin. This means, in California, the state OES is in control of the disaster site with the county Emergency Medical Services (EMS) coordinating the local medical response.

The military advisor of the state, the state National Guard, can be federalized at which time they fall under the 6th U.S. Army.

The NDMS is activated at the federal level by either an executive order (FEMA), by the Assistant Secretary of Defense for Health Affairs



LT Mike Sashin, MSC, USN, addresses federal, state, county and city officials aboard USNS MERCY (T-AH 19) on July 20. (Photo by JO2 T.S. Begasse)

(wartime only) or by the Secretary, Health and Human Services.

"NDMS is an agreement between federal and local or private agencies to take care of patients in a natural or national emergency," Sashin explained.

Along with an extensive review of how the system was activated in the October 17 quake, key officials reviewed roles taken and lessons learned from the first tri-service/local government earthquake drill April 1989 and the October quake.

"Given the lack of monolithic direction control structure and the fact that medical systems are facility-based ... we face a very difficult planning and preparedness process," said Calvin Freeman, administrative deputy for state EMS Authority in Sacramento. "It's not all bad," he

added. "What we've cooked up at the state to solve this problem is what we call the push system. The way we've been taught is to check out the scene, determine our needs and, based on those needs, pass the request up the chain to get those needs met. If we don't have the communications, or the ability to get around to do a good assessment of the problems created because of a catastrophic event, how are we going to generate the request?"

The answer is to generate the request before the event. We take a look at the scenario that we're going to face as best as the seismologists, engineers, medical planners and others can give us. Then, we plan our response systems in terms of mobilizing our resources as soon as that event occurs. It's not efficient. But, when we're looking at the re-

sponse in a catastrophic disaster we're looking for effectiveness not efficiency."

That's what the San Francisco Bay Area Disaster Planning meetings was all about — building on a common set of objectives to include federal, state, county and city medical response planners. To develop an understanding of each agency's requirements in order to successfully establish the credibility to make coordinated medical responses work.

"I think it's very important that we recognize the mutual support systems that we have, and how important it is to us to work with the military in the area," said Ben Matthews, representative for the Alameda County EMS district. "There isn't going to be any pride of ownership on where the epicenter of the fault happens to be."

August 3, 1990

Red Rover

Dental Corps: venerable at 78

By LT Robert A. Bouffard,
Dental Department
NAVAL HOSPITAL OAKLAND, Calif. — On August 22, 1990, the United States Naval Dental Corps will celebrate its 78th anniversary. The official establishment of the Dental Corps occurred in 1912, when President Taft signed a bill authorizing, "not more than 30 acting assistant dental surgeons to be part of the Medical Department of the United States Navy." The history of the Dental Corps actually began over 39 years earlier.

On April 22, 1873, Dr. Thomas O. Walton, a graduate of the Baltimore College of Dental Surgery, became the first dentist to be a Navy officer. He served as a member of the Medical Department of the United States Naval Academy from 1873 to 1879. He was followed by several civilian contract dentists at Annapolis. Dental care elsewhere was accomplished by hospital stewards, the equivalent of our present corpsmen, who had little formal training in dentistry.

President Taft's 1912 authorizing bill marks the beginning of organized dental care in the Navy. Some of the early milestones are: The first dentist aboard a ship, the U.S.S. Solace in 1913; the first dentist assigned to a foreign shore, Guam, in 1913; and the first dentist to serve with the

Marines, also in 1913, at Parris Island, South Carolina.

When the United States entered World War I, there were 35 dental officers on active duty in the Navy. By World War II, the ranks had swollen to 759 dental officers and 347 facilities. The size of

**Currently, there are
1,669 dentists
and 327 Navy
dental clinics
worldwide,
111 of which
are aboard ship.**

Navy Dental Corps reached its peak in 1945, with 7,026 dental officers at 1,545 installations. Dental Corps officers served gallantly during the Korean conflict and in Vietnam. Currently there are 1,669 dentists and 327 Navy dental clinics worldwide, 111 of which are aboard ship.

Several recent examples of Dental Corps resolve while serving in time of crisis are worthy of note: When the Marine barracks in Beirut were devastated by a terrorist bomb, a dentist is credited with saving many lives. When the U.S.S. Stark was attacked in the Persian Gulf, two responding dentists served with great distinction, and are responsible for saving numerous

injured men. On a civilian flight this year, a Navy dentist, trained at Naval Hospital Oakland, noticed a young child in great medical distress. Without delay, the dentist administered first aid and saved the child's life.

The Navy Dental Corps is an integral and progressive component of the Navy Bureau of Medicine and Surgery. The primary mission of the Corps is to prevent or remedy dental conditions that may interfere with the performance of duty by members of the active naval forces.

The Dental Corps has made great contributions to the profession of dentistry as well. Navy dental researchers have made, and continue to make, great strides in improving dental techniques and understanding dental diseases. The Navy Dental School at the National Naval Medical Center in Bethesda, Md., offers advanced and specialty training to selected dental officers to assure that the Navy Dental Corps remains at the forefront of the profession and continues to offer the highest quality care to its patients.

For its 78 years of steady progress, the members of the Navy Dental Corps can reflect with pride upon previous accomplishments, and pass on the heritage and challenge to uphold the standards of excellence set by nearly four generations of Navy dentists.

P-122 going well

By LT John J. Nesius
Medical Construction
Liaison Officer

Editor's Note: To keep the hospital's staff as well as patients abreast of the two-year fire and life-safety modification project, P-122, daily notices appear in the plan of the day, weekly P-122 status meetings are held on the Directorate level and the Red Rover will publish regular P-122 articles in each edition.

MILCON Project P-122, Hospital Modifications, continues to progress well. Phase 2 reached completion on August 2, with Phase 3 scheduled to start today. In addition, work on the Surgical Suite Chiller Penthouse has begun.

The Phase 2 work areas are all scheduled to be back in business in August. The Cardiac Care Unit, located on the ninth floor, east wing, is scheduled to open on August 3. Physical Therapy, on the fourth floor, is scheduled to return on August 10. Social Services, also on the ninth floor, east wing, is scheduled to return on August 17. The Personnel Support Detachment has moved out of Building 500 and is now permanently located in Building 131.

The areas involved in Phase 3 construction are the

Emergency Room, the Psychiatric Clinic, the Cashier Window area (to become part of the new Primary Care Clinic) and five-north. The Emergency Room has already moved out of Building 500 to the temporary buildings near the outpatient entrance. The Psychiatric Clinic has also completed its move, relocating from the east wing to the south wing of the fifth floor. The Cashier Window will be moving permanently from the second floor to the fifth floor, west wing. The fifth floor, north wing, is vacant at this time.

P-122 was designed to correct fire and life safety deficiencies in Building 500. This primarily involves providing 100 percent fire sprinkler protection for the building, installing a new fire and smoke detection system and some modifications to the heating and ventilation system in the hospital. In conjunction with this work, the Public Works Center here is conducting large scale minor maintenance, such as painting, patching and ceiling replacement while the work spaces are vacant. The end result will be a hospital that is a safer and more aesthetic place for both patients and staff.

Medical Service Corps: 43 this month

By Andree Marechal-Workman
Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — August 4, 1990 marks the anniversary of the Medical Service Corps (MSC) — commemorating 43 years of continued superior naval health care administration and allied health science services.

According to the Public Affairs Office (PAO) of the Bureau of Medicine and Surgery (BUMED) in Washington, D.C. the corps was founded by the Army-Navy Medical Service Corps Act of 1947, under President Harry S. Truman. The legislation was the result of concerted efforts started in 1945 by, then, Navy Surgeon General Vice Admiral Ross T. McIntyre. Under the admiral's tutelage, two different bills were introduced seeking to establish, first, the commissioned grade of medical administrator in the Hospital Corps and, second, the Medical Associate Sciences Corps in the Medical Corps.

Congress, in its wisdom, combined the two bills into the single Act of 1947, which became Public Law 337 of the 80th Congress.

**Formally
established
in 1947,
the Medical
Service Corps'
history
dates back
to 1898.**

Although the MSC was formally established in 1947, the idea of its organization came from an enactment by Congress that implemented the Hospital Corps in June 1898. This act created a warrant officer rank along with formalizing the enlisted structure. Revisions in 1912 and 1916 made it possible for non-physician medical personnel to be granted commissioned status as warrant officers.

Approximately 3,000 warrant officers were appointed between 1916 and 1945. However, the need for commissioned officers skilled in both medical administration and in the practice of sciences was well documented during the two world wars.

Since its formal creation, the Corps' short history records several milestones: In 1953 by authority of Congress, Captain Willard C. Calkins was appointed as the first chief of the Medical Service Corps by the secretary of the Navy. In 1982, it received flag rank status, with Commodore Lewis E. Angelo as its first selectee.

In the 43 years since it was founded, the MSC has grown to 2,747 men and women, according to the latest records of BUMED's PAO. Under the guidance of the Director of the Medical Service Corps, Rear Admiral Donald E. Shuler, it will continue to be a vital part in the effective execution of the Navy Medical Department's mission.



LCDR Barbara M. Klesk, OIC, PSD Oakland, bids farewell before turning over the helm to LT James C. Burr on July 13. Along with the change of command, PSD members celebrated their permanent move to Bldg 131 as RADM Lichtman officially cut the ribbon on the threshold of their new home. (Photo by SN M. T. Herrington)



NHO's Pharmacy Department: More than a team, a family

Story and photos by JO2 T.S. Begasse, editor

It seems that everyone needs to go to the pharmacy at some time, but what does it really take to get your medicine? Naval Hospital Oakland's Pharmacy Department is a well organized group of people working together to get the job done — and done right!

A staff of 66 dedicated members successfully meet the pharmacy's demanding workload: 11 pharmacists (five officers, three civilians and three contract civilians), 48 enlisted pharmacy technicians, a civilian medical clerk and six American Red Cross volunteers. These dedicated members work around the clock providing inpatient and outpatient pharmaceuticals.

Perhaps it's the sense of team spirit and allegiance to the pharmacy itself which makes this group unique. "If

you have faith in your people, believe in them and trust them, you will always draw out the best in them," said Chief Petty Officer Julian S. Talosig, the department's leading chief.

On a daily basis, the pharmacy team processes about 1,000 new inpatient medication orders, manages more than 1,500 line items in stock and fills about 400,000 outpatient prescriptions yearly. Despite this heavy workload, the team takes pride in their average turnaround time of 20 minutes for outpatients.

The Navy's first operational automated pharmacy system applies state-of-the-art technologies to support the workload. The system uses a bar code reader to register pharmaceutical stock levels.

To make the pharmacy experience convenient for the

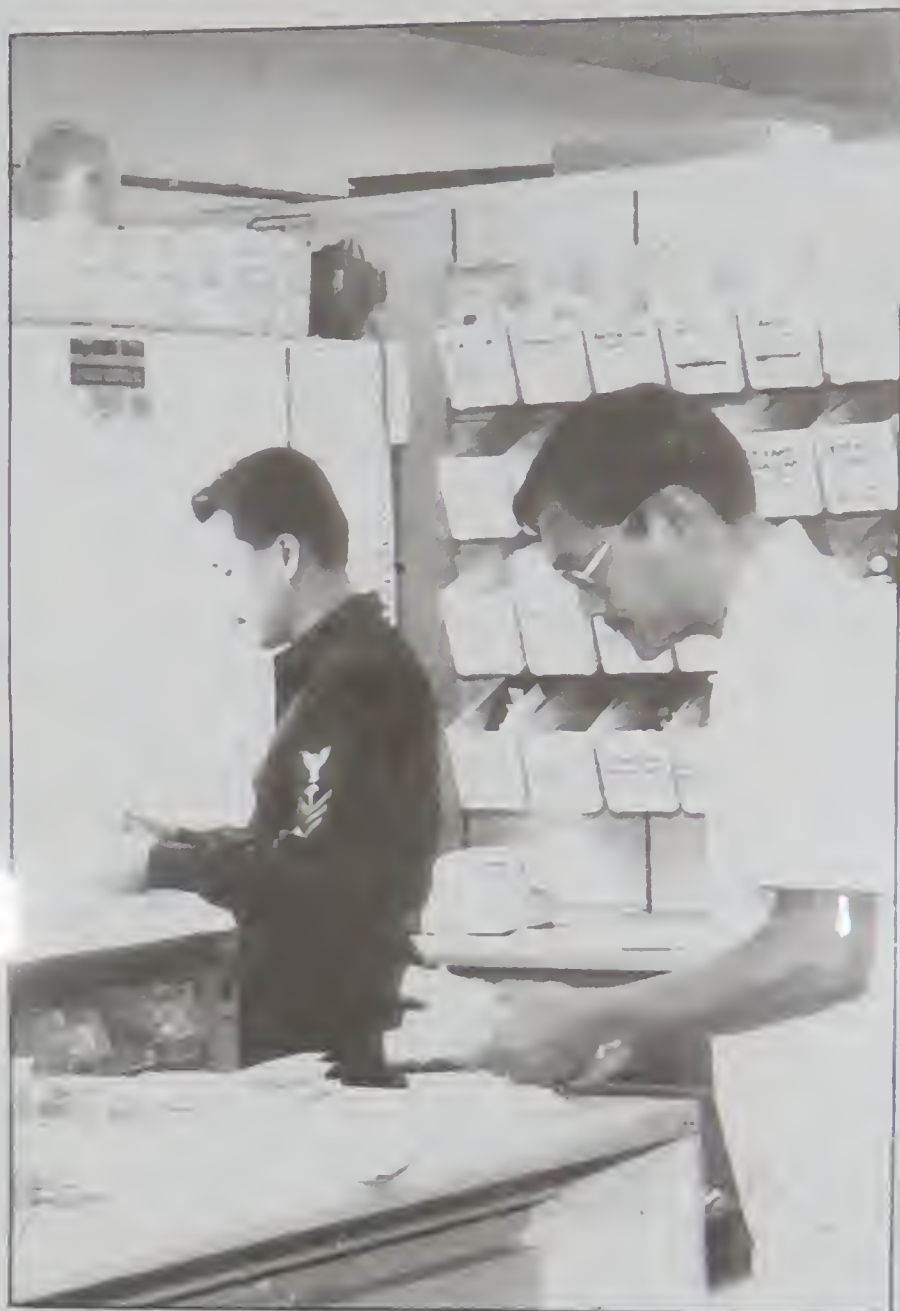
more than 125,000 potential customers, a 24-hour phone-in refill is available. For the multiple hospital wards and branch clinics, prescriptions are just a fax away. After the orders are received on the pharmacy's fax machine, needed medications can efficiently be delivered where needed.

Commander Jerry A. Foster, the head of the department, feels he has a very special team: "I am blessed with a gifted, caring and industrious staff and the best chief that I have ever worked with.

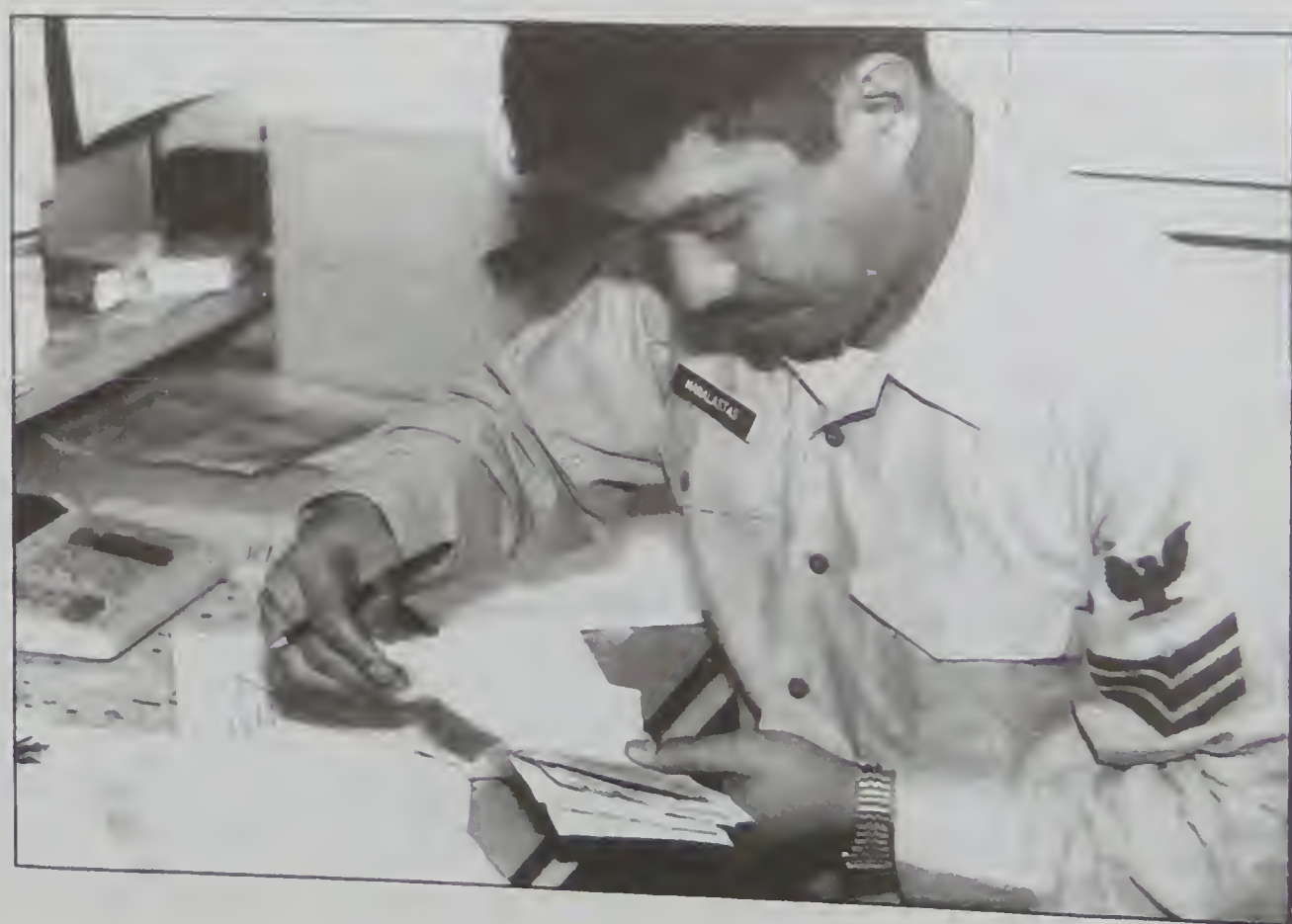
"I encourage and expect professional and personal development — and my people always come through," he said. "It goes without saying that we are a team here in the pharmacy. But, we are more than that — we are a family."



August 3, 1990



(Clockwise from left) HM1 Rey Ramirez (left) mixes intravenous (IV) medication for outpatient use while HM3 Bonnie Ayson (right) makes entry on patients IV admixture order (Bottom) HM1 (now chief) Marti Manalastas manages the pharmacy's budget and the 1,500 stocked line-items (Center, bottom) HM3 Wesley Nakama checks the expiration dates on the pharmacy's medications (Center) Maria Braden, a civilian pharmacist checks in refill prescriptions (Top, center) HM3 Jon Stern (right) transcribes a prescription as part of the pharmacy's 24-hour phone-in refill system. (Left, top) HM2 Derek McKechnie prepares one of the many ward and clinic issue orders received in the pharmacy daily. (Top, center) HM2 Robert Stackman uses a bar code reader to register pharmaceutical stock levels as part of the Navy's first operational automated pharmacy system.



Summertime health

Courtesy of Branch Medical Clinic, Treasure Island

Editor's Note: This is the second of a two-part article designed to help you spend a happy, healthy and trouble-free summer.

SAN FRANCISCO, Calif. — Summertime brings many heat-related health problems. Here are a few suggestions on how to avoid common medical discomforts and, in some circumstances, serious medical conditions and what to do should this happen to you.

Heat cramps

Heat cramps are a minor emergency that often, but not always, precedes heat exhaustion. During heat cramps, the muscles tense or spasm. In most cases, muscles of the arms or legs are the first affected. The cause of heat cramps is loss of body water and possibly loss of body salt as well.

To prevent heat cramps on hot days, drink plenty of water or other fluids.

To help relieve the spasm, press your hands firmly on the cramped muscles and gently massage them. Give the victim sips of salt water — 1/2 teaspoon of salt per glass of water.

Heat exhaustion

Heat exhaustion usually is a minor emergency caused by lack of salt. The skin will be pale and clammy, people will sweat profusely, may be tired and weak, have a headache and be dizzy.

On hot days, decrease the amount of out-of-doors activities. When you are out, wear loose-fitting, light-weight clothing, try to stay in a shaded area and drink plenty of fluids.

If someone does develop heat exhaustion, loosen any tight clothing, apply cool wet compresses, fan and take to an air-conditioned room, if possible. You **must** take the victim to the nearest emergency medical facility.

Heatstroke

Heatstroke (also called sunstroke) can be fatal, because the body cannot cool itself. Instead, the body gets hotter and hotter, and the victim can no longer perspire because of dehydration.

What to do?

1. Have someone call an ambulance.
2. Cool the body, but do not overcool.
3. Observe the victim carefully.
4. Never give fluids to an unconscious person.

The staff of the Treasure Island Medical Clinic wishes you a healthy and safe summer. Remember, **preventive** medicine is the **best** medicine and the key to a healthier you!

Recruiting program entices civilians

By Andree Marechal-Workman

Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — With the relaxation of world tensions and the inevitable downsizing of the armed forces, military hospitals will need civilians to help fulfill their mission, said Commanding Officer, Rear Admiral David M. Lichtman, in a recent Naval Hospital Oakland's (NHO) "Admiral's Call."

Lichtman, a Medical Corps officer, who is also commander of the San Francisco Medical Command, was discussing base closures at the time, and his message was clear: "There will be less active duty personnel, less active duty physicians and nurses. So, in the future, I think we'll be depending more on civilians rather than less."

With this in mind, the special program coordinator's position that NHO's Civilian Personnel Officer, Herb Lindemann, initiated in 1989 takes on a very positive dimension since the coordinator's primary function is to entice qualified civilians into the hospital's work force.

"We created the program to increase community awareness of the naval hospital as a [viable] employer," said Lindemann, "and to satisfy our requirement for fully qualified health care professionals."

From all accounts, the first coordinator, Nathaniel H. Kimbrough was a master at the job. He came on board in June 1989 and, since then, has combed colleges and universities' job fairs, veteran

assistance centers, State of California employment centers, as well as many ethnic groups' committees and councils to seek prospective high caliber employees.

"I've been everywhere in the Bay Area that you could possibly go to attract potential health care and other professionals," he said, singling out the University of California, Berkeley and California State University, Hayward as his most fertile fields of operation.

"It was difficult in the beginning," he explained. "At job fairs, people thought I was talking about military careers and they would shy away." They didn't realize, for example, that a nurse didn't have to join the Navy to work at NHO, he added. But with persistence and a little ingenuity (a sign he had made outlining pertinent information about NHO's civilian work force), it was not too long before he was able to lure a few prospects to the Navy's side.

Recruitment in the Federal Junior Fellowship Program (FJFP) is among Kimbrough's favorite activities. Designed with college-bound high school graduates in mind, FJFP is a program offering part-time employment to eligible seniors who are U.S. citizens or natives of American Samoa, and who have demonstrated satisfactory academic performance — not lower than a C average.

"They start as GS2s, with full employee leave and retirement benefits, and work full-time during the summer and

part-time whenever they are free during the rest of the year," Kimbrough said, pointing out he placed ten students at NHO this year: two each in the hospital's Medical Laboratory, Management Information Department and Industrial Hygiene. He also placed one each in Civilian Personnel, Command Evaluation, Manpower and the Pharmacy.

"At NHO the FJFP is used in furtherance of our affirmative employment program and to increase participation of minorities into the federal work force, especially Hispanics," explained Lindemann.

NHO's FJFP focuses on applicants to work as nurses, medical technologists, chemists and industrial hygienists. However, all career fields are represented — from business administration, to computer science, to public relation specialists.

But this is only one aspect of this multi-faceted position. According to Kimbrough, other areas include: Civilian mobilization planning and a special salary project to try to raise the incoming salary of civilian nurses. The position also involves cooperation with both the Disabled Opportunities and Private Industry Council in recruiting efforts.

"The program would not have been possible without the support of Mr. Lindemann, or the help of Captain John Kelly [NHO director of resources], who provided funding," Kimbrough emphasized, adding that the managers' positive attitude toward FJFP added further weight to the success of the project.

Federal Managers Association's advocacy role in Congress important

By Andree Marechal-Workman

Red Rover Staffwriter

NAVAL HOSPITAL OAKLAND, Calif. — At a time when federal employees pay reform is such a timely topic on Capitol Hill, the Federal Managers Association's (FMA) advocacy role in Congress is more important than ever. It is so important, in fact, that the association is taking aggressive steps to increase its membership.

"At the recent annual convention, a resolution was passed to allow program managers, apprentice trainers, management interns and similarly classified managers to join FMA," said Sister Elizabeth, the current president of Chapter 238, Naval Hospital Oakland (NHO).

Open to all federal managers and supervisors, this oldest and largest civilian professional management organiza-

tion is also accessible to employees whose job classification is not strictly managerial.

"Everyone manages something," stressed past FMA President Wanda Capello. "A secretary who is in an administrative position; an employee who oversees a system, a program or the hospital's archives — all may join FMA, so long as they hold positions that are not part of a bargaining unit."

Now in its 75th year, FMA is a formidable legislative presence in Washington, D.C. It provides Congress and the Executive Branch with federal managers' views on personnel issues. It also maintains its own political action committee which contributes to congressional candidates who support federal employees issues.

According to Sister Elizabeth, the following are among the main goals of Chapter 238:

- Establish better understanding between the civilian and military communities of managers and supervisors.

- Help local employees upgrade their status within the federal system.

- Through its national office, lobby for the protection of benefits under the Civil Service System and help Congress formulate a responsible pay reform system.

"Right now, some managers make less money than those they supervise," said Capello, urging each eligible employee to join. "When our benefits are so endangered, it is important that our collective voice be heard by Congress. There is no other vehicle for protection."

In addition to the protection, a quarterly \$15 fee includes preferred automobile insurance available through Government Employee Insurance Co., professional liability

insurance and a convenient credit card program. Members can also attend professional development programs at reduced rates as well as receive three publications: The Washington Report (weekly), The Federal Manager (monthly) and The Federal Managers Quarterly.

Interested eligible individuals are encouraged to attend

Chapter 238's monthly meetings featuring significant military and civilian speakers. The meetings are held on the third Tuesday of each month at Club Knoll from 11:30 a.m. to 1 p.m.

Points of contact for further information are Sister Elizabeth at 633-5364; Trudy Silva at 633-5014 and Bertha Paul at 633-5510.

Women's Equality Day

August 26

The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any state on account of sex

19th Amendment

August 3, 1990

Nutrition Notes

Test sports nutrition knowledge

By LTJG Kimberly M. Kauffman, RD
Nutrition Clinic

Performance in the upcoming Physical Readiness Test (PRT) is most dependent upon two factors: exercise regimen and dietary intake. Exercise training is necessary for optimal physical performance because of the biochemical changes it produces in the muscle, including increased muscle mass and aerobic or endurance capacity. An adequate diet is essential to peak athletic performance because the foods we eat break down into contractions. A deficiency or excess of certain key nutrients will hinder physical ability.

Test your knowledge in the area of sports nutrition and see how well you have prepared for the upcoming PRT. Rate the following as true or false:

- Improvements in cardiovascular function occur if exercise training involves rhythmic, large-muscle (aerobic) activities for at least 20 minutes, three times per week.
- Weight lifting is an effective form of exercise for weight (fat) loss.
- The physiological benefits of aerobic training are lost within 3 months after cessation of training.
- About 20 minutes of running a day will burn calories, but it will also increase appetite.
- A high-protein diet as well as protein supplements will increase muscle strength and muscle mass.
- Muscle cramps are caused by inadequate salt intake.
- Commercial sport beverages are the best source of fluid for athletic performance.
- Eating honey, sugar, soft-drinks or any sweets just before competition will provide a burst of quick energy.
- Vitamin supplements are necessary to meet the increased energy needs of exercising.
- Athletes can meet their nutritional needs by eating a variety of foods from the basic four food groups.

Answers

1. True. Exercises such as jogging, jumping rope, rowing and cycling work the heart, lungs, blood vessels and

muscles. When vigorous exercise is done for at least 20 minutes, three times per week, the various body systems adapt by producing positive biochemical and physiological changes.

2. False. While weight lifting does increase muscle mass, it uses muscle glycogen rather than fat as its energy source. Therefore weight lifting does not affect body fat stores.

3. True. The cardiovascular and muscular improvements from aerobic training persist only with regularity in aerobic exercise. Therefore it is not beneficial to plan for aerobic fitness during only a few months of the year (specifically the months prior to the biannual PRTs!) Regularity in exercise programs should be the goal for optimal health benefits.

4. False. Exercise can actually improve appetite control because it stimulates the release of the appetite by suppressing hormone adrenalin. In addition, exercise will increase metabolic rate, or the rate at which your body burns calories, for up to 12 hours after a work out.

5. False. Excess protein will not be used to build muscle tissue, but will be stored in the body as fat. Increased muscle mass and strength occur with weight-bearing exercises and adequate protein/calorie intake. Most adults meet their protein needs by eating 5-8 ounces of protein foods per day.

6. False. Cramps are caused by severe water losses through sweating. Salt tablets may actually aggravate this condition by drawing more water out of the muscle and into the stomach. Salt losses from sweating are easily replaced with a well balanced diet.

7. False. Water is the recommended fluid for physically active persons. Commercial sports beverages contain large amounts of sodium and sugar and may cause dehydration and low blood sugar, resulting in reduced athletic performance. If these beverages are preferred over plain water, they should be diluted by one-half to one-third.

8. False. Avoid large amounts of sugar before exercising. Simple sugars can cause the body to produce excess insulin, a hormone which regulates blood sugar levels. The excess insulin, in turn, may actually cause the blood sugar to drop below normal

levels. Low blood sugar may result in weakness, hunger and dizziness.

9. False. Vitamins themselves contain no usable energy. They are involved in the breakdown of fats and carbohydrates which are metabolized by the body to be used as energy. This has led many coaches, athletes and fitness-conscious individuals to believe that supplements will enhance physical performance. However, research indicates that excess vitamins do not affect endurance, speed or severity of injuries. In fact, large doses of both water and fat soluble vitamin supplements may cause vitamin toxicity, and produce acute or long term ill-effects.

10. True. Nutrient needs of physically active and sedentary persons are similar. The major difference between these two groups is the increased need for calories to maintain body weight. While there is a slightly higher requirement for certain nutrients in athletes, this requirement is easily met by increasing food intake from a variety of nutritious foods.

The nutrient most important to the athlete is water. It is recommended that one consume 6-8 ounces of water before exercising in heat, and every 10-15 minutes while active. Cool water is most easily absorbed and most effective for decreasing body temperature. Athletes who train often in the heat can check their hydration status by weighing themselves before and after a workout. For every pound of weight loss, consume 15 ounces of water.

How did you measure up in your sports nutrition knowledge? A high score at following proper sport nutrition advice can result in a high score for your PRT. Good Luck!

(Author's note: The information submitted was obtained from the following publications: (1) American Dietetics Association: Position Statement: *Nutrition for Physical Fitness and Athletic Performance for Adults*. Technical support paper, *J. Amer. Diet Assoc.*, 1987; 87:934; (2) American Heart Association: *Nutrition for the Fitness Challenge*, 1983; (3) Katch, F. and McArdle, W.: *Nutrition, Weight Control and Exercise*, Philadelphia, Lea and Febiger, 1988; and (4) Loosli, A.R., *Athletes, Food and Nutrition*, *Food Nutr. News*, 1990; 62(3): 16-20.)

CHAMPUS payments resume

WASHINGTON, D.C. — Military families should no longer feel the effects of a temporary shortfall of funds in the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

The Navy ran out of money to pay CHAMPUS claims on May 7. Secretary of Defense Dick Cheney authorized an emergency transfer of additional funds, and payment of claims resumed on May 30. Shortly after this action by Cheney, Congress formally authorized the reprogramming of funds from other Navy and Marine Corps accounts into CHAMPUS to make funds available to pay claims through the end of this fiscal year.

Part of the funding problem was caused by difficulties in estimating the use of

CHAMPUS and the cost of the care provided through the program.

Responsibility for CHAMPUS shifted from the Department of Defense to the services in 1988. As we become more familiar with its complexity and dynamics, we will more accurately estimate its costs.

Vice Admiral James A. Zimble, the Navy's Surgeon General, puts a high priority on ensuring beneficiaries have timely access to quality care at the lowest possible cost. "We recognize the significant impact medical care has on the quality of life for our sailors and Marines and their families," he said, "and we will do everything possible to assure our people's needs are met."

CHAMPUS Prime saves time

WALNUT CREEK, Calif. — Tired of lengthy claim forms and long waits to see a doctor? Enroll in CHAMPUS Prime and save time and money. Instead of filling out claim forms, you simply present your CHAMPUS Prime membership card and pay the applicable fee called a "copayment."

And CHAMPUS Prime members receive expanded benefits without paying premiums or high out-of-pocket expenses. Your family can begin saving time and money today by calling 1 (800) 242-6788, or call the CHAMPUS Service Center at Naval Hospital Oakland at (415) 430-3500 for more information.

Family Service Center news

Courtesy of NAS Alameda Family Service Center

Editor's Note: The following programs are offered by, and held at, the Naval Air Station Alameda Family Service Center during the month of August. Pre-registration is required at least one week before the beginning of each class. To register or to obtain additional information, call 263-3146. Programs with less than six registrants will be cancelled.

Ombudsmen news

Basic training for ombudsmen is scheduled for August 18. The Naval Air Station Alameda Family Service Center offers a full day of information to orient ombudsmen. Topics to be discussed will include Navy regulations, sources of assistance and programs available to the military family.

Participants are requested to bring a sack lunch — coffee and tea will be provided.

Confirmation is necessary to attend the training session. Just call 263-3146 to register.

Family Service Center brief

On August 16, from 8 a.m. to 12 p.m., a workshop about the Family Service Center (FSC) is being offered. Everything you always wanted to know about the FSC: shipping of household effects, the Red Cross, CHAMPUS, medical benefits and much more will be covered.

The workshop is designed for the military spouse, but active-duty members are welcome. The workshops are held on the third Thursday of every month, from 8 a.m. to 12 p.m. Just call 263-3146 to sign-up.

Going PCS???

Please join the Family Service Center on Tuesday, August 14, at 7 p.m. for a two-hour workshop on relocation. The topics to be covered will include the relocation path, how to set up the move and financial responsibilities. Reservations will be accepted through August 13. Just call 263-3146.

Up-close with Oak Knoll staff members

Photos by SN Mark T. Herrington, staff

Sydney N. Santos



Current career area: Civilian Personnel Office.

Your job: Plan and conduct civilian training and advise civilian employees on benefits. I also manage performance and incentive award programs.

Marital status: Married.

Husband: Henry "Skip" Santos.

Hometown: Castro Valley, Calif.

Hobbies: Reading, swimming and bingo.

Likes: Books, dogs and hot fudge sundaes.

Dislikes: No smoking rules.

What is the most challenging part of your job? Trying to give every part of my job attention.

What is your immediate goal? To make it to the weekend.

What is your long-term goal? Retirement!

If I could do it all over again, I'd: Be a teacher.

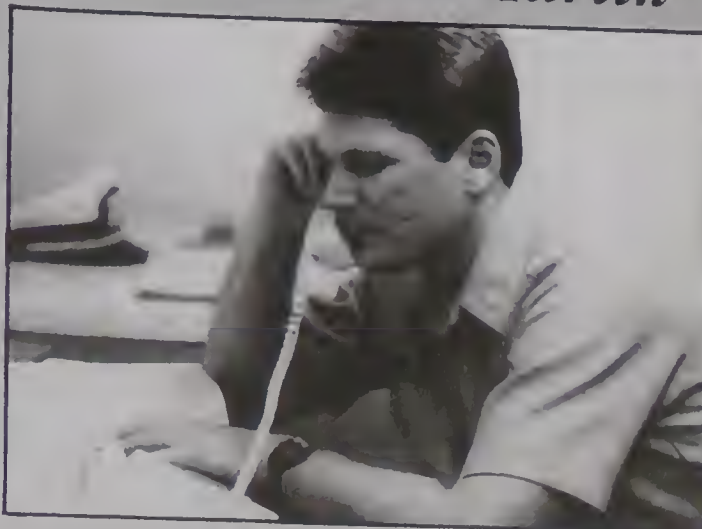
I wish I could stop: Eating and smoking.

I respect myself for: Raising my son (from my first marriage) alone and having him turn out so well.

Role models/heroes: My mother and former President Kennedy.

Comment you wish to share: I really enjoy my job at Naval Hospital Oakland. The surroundings are so beautiful and the employees (both civilian and military) are so pleasant to work with.

ENS Robert P. Martin



Current career area: Ear Nose and Throat Clinic.

Your job: Observe and assist in the operating room; evaluate patients in the clinic supervised by the staff specialist and help patients on the ward.

Marital status: Married.

Wife: Nancy K. Martin

Hometown: San Diego, Calif.

Hobbies: Tennis, volleyball, biking and swimming

Likes: Big waves, sunshine and a positive mental attitude.

Dislikes: Washington, D.C.

What is the most challenging part of your job? Being expected to master every field of medicine while working in that area (i.e. OB/GYN, Pediatrics, Internal Medicine). Accepting criticism with a smile and finding out how to improve.

What is your immediate goal? Graduate from medical school.

What is your long-term goal? Cardio-Thoracic Surgery.

If I could do it all over again, I'd: Learn how to surf.

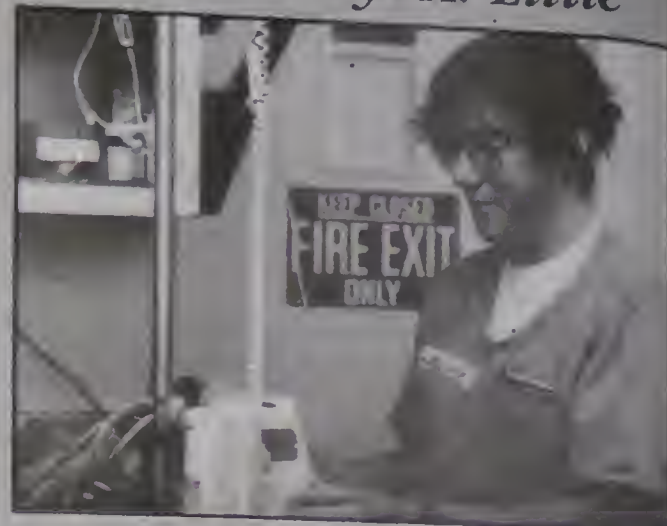
I wish I could stop: The constant additions to the paperwork required of Navy doctors.

I respect myself for: Competing in an Iron Man distance triathlon in Cape Cod, Mass., and making it to medical school.

Role models/heroes: Scott Helmers, M.D. at Naval Hospital Oakland, Drs. Spitzer, Taylor and Turk at the Ear Nose and Throat Clinic.

Comment you wish to share: I've had the opportunity to work at six other military medical facilities of all three services. I'm proud to be in the Navy, and all of you should be glad to work at Naval Hospital Oakland.

HM2 Cheryl A. Little



Current career area: 8 East, Labor and Delivery.

Your job: Handle paper work, set up for deliveries, assist the patients, take care of the babies and clean up after deliveries.

Marital status: Married.

Husband: Terry D. Little

Hometown: Pleasanton, Calif.

Hobbies: Snow and water skiing, windsurfing and bicycling.

Likes: Outdoors, family, animals and people in small groups.

Dislikes: California — it's beautiful but there are too many people and they move way too fast.

What is the most challenging part of your job? At this time, trying to get through all my paperwork so I may learn more about labor and delivery.

What is your immediate goal? To become a certified operating room technician and to become a licensed vocational nurse.

What is your long-term goal? Raise a family and become a master chief. To work in the area of marine biology as a hobby.

If I could do it all over again, I'd: Not change a thing. The things I have done make me who I am — good and/or bad.

I wish I could stop: Taking things so seriously. I'd like to roll with the flow and enjoy life. Basically, laugh with the good times and at the bad times.

I respect myself for: Trying to change the things I don't like about myself.

Role models/heroes: My father. He has a way with children unmatched by others.

HMCS Carter receives Senior Enlisted Semi-Annual Leadership Award

By Andree Marechal-Workman
Red Rover Staffwriter



NAVAL HOSPITAL OAKLAND, Calif. — Senior Chief Petty Officer Clifton Carter was awarded the E7-E8 Senior Enlisted Semi-Annual Leadership Award in July, and he's elated about it.

"I feel it's an honor, and it makes me want to try even harder because I realize people actually see what you do," he said, emphasizing that he owes the recognition to his mentors and role models, past and present.

"It's an avenue for the command to single out our outstanding senior enlisted leaders at Oak Knoll," explained Command Master Chief Mi-

chael L. Stewart - "to acknowledge their personal and professional qualities."

A special board made up of two directors and three master chiefs met on July 19 to select a winner out of seven nominees. The other nominees were: Senior Chief Petty Officer Jeri McIntosh of the Dental Department and Chief Petty Officers Renato Bernardino, Dining Facility; Eddie Felton of Branch Medical Clinic, Alameda; Thomas Foley, Occupational Health/Preventive Medicine; Crissostomo Salamanca of Management Information and Julian Talosig in the Pharmacy.

"It was a very difficult decision to make because the nominees were all excellent candidates," said Director of Administration, Commander Gary E. Schick, one of the selection board members. "The proof of their leadership was very good, but Carter's position was stronger and he was on a larger job. That's why he was chosen."

Carter, who is Nursing Services' enlisted assignment coordinator, was very pleased indeed. "I want to be a master chief someday," he quipped. And if he keeps improving on an already excellent record, the award might

well be just what the doctor ordered.

"It's an avenue for the command to single out our outstanding senior enlisted leaders at Oak Knoll," explained Command Master Chief Michael L. Stewart, "to acknowledge their personal and professional qualities."

August 3, 1990

People, places, events...



Beck retires

HMCS David Beck and wife, Christine (both right), listen as HMC Michael L. Stewart (at podium) reads from Beck's Navy Achievement Medal Citation (gold star in lieu of third award), during his retirement ceremony July 13. HMC Ronald Bishop looks on. Beck was assigned as the assistant department of NHO's Manpower Management Department. (Photo by HM3 K. L. Barnett)



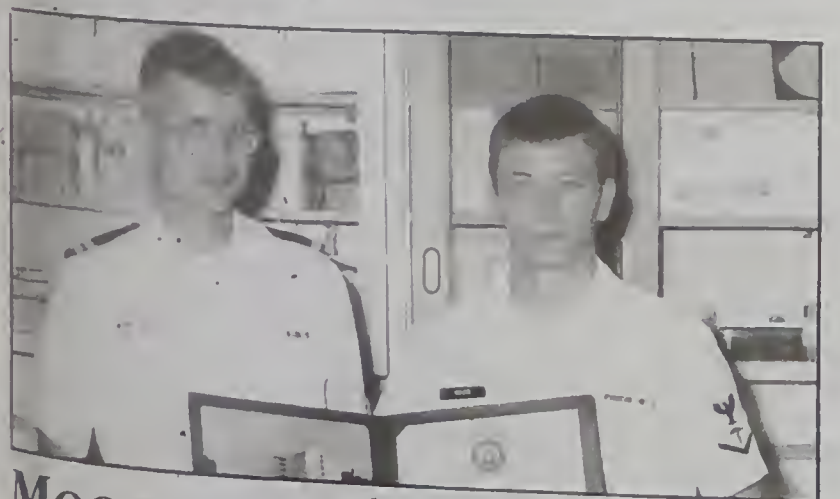
Quijano honored

On July 13, Rustico S. Quijano receives a Letter of Commendation from Executive Officer (at the time of this writing), CAPT Jack W. Bartlett, for excellent performance as civilian of the quarter. Quijano is a medical records technician for the Quality Assurance Department. (Photo by HM3 K.L. Barnett)



Hall promoted

LTJG Beverly E. Hall gains another gold stripe, but passes on her crown of "Bull Ensign." Hall was promoted to her new rank on July 5. (Photo by HM3 K.L. Barnett)



Moore reenlists —

HM3 Stephen D. Moore receives his honorable discharge from LT Robert Brinsko, NHO Laboratory Department, prior to reenlistment and promotion to HM2. (Photo by HM3 K.L. Barnett)

Red Rover

Command picnic to be held August 24

By Andree Marechal-Workman
Red Rover Staffwriter

This year's command picnic will be held August 24 from 10 a.m. to 4 p.m., at the Morale Welfare & Recreation (MWR) ball field. Hamburgers, hot dogs, beer, soft drinks and other typical picnic cuisine and beverages will be served, compliments of the galley and MWR.

Senior Chief Petty Officer Clifton Carter has volunteered his services as "D.J." The festivities are free to active duty personnel, and children's entertainment will be provided. A \$3 fee will be charged to military dependents over 12 and to civilians.

According to Petty Officer 1st Class Brian Findley, the hospital's commanding officer has directed that civilian per-

sonnel may leave their work place to attend the picnic; however, they must either take annual leave or return to work if they do not remain until 4 p.m.

(Editor's note: Ideas about games and adult/children activities during the picnic are solicited. Suggestions should be directed to Findley at 633-5067, the point of contact for further information.)

Kudos

GOOD CONDUCT AWARD (FIRST)

MS3 Pacito Villanueva/BEQ

GOOD CONDUCT AWARD (FOURTH)

HM1 M. Estrada/Laboratory
HMC R. Bishop/Inpt. Admin.
HMC B. Tumpalan/Med. Repair

NAVY ACHIEVEMENT MEDAL

HM1 Donald Keen/Mo. Planning
HM1 P. Murphy/Internal Med.
LCDR K. Hughes/Primary Care
HMC R. Zuniga/Med. Repair

NAVY COMMENDATION MEDAL

HMCS A. L. Trujillo/Manpower
CAPT K. L. Sims/Laboratory

RETIREMENTS

HMC R. Zuniga/Med. Repair

OFFICER PROMOTIONS

CDR M. Dawson/Internal Med.
LCDR Mark Habel/6W
LCDR R. Linville/Alameda Clin.
LCDR Frank Mino/Radiology
LCDR Glenn McNeas/Pharmacy
LCDR Timothy Omalley/ENT
LCDR P. Potter/Anesthesiology
LCDR M. Shields/General Surg.
LT V. Montgomery/Laboratory
LT Gail Chapman/Laboratory

LT C. Armbruster/Internal Med.
LTJG G. Stern/Physical Therapy
LTJG Sheila Conboy/6W
LTJG Sue Funk/8N
LTJG Corey Bain/Occ. Health
LTJG K. Atterbury/Nursery

PROMOTIONS

HM3 R. Blanco/Urology
HM3 Harold Blankenship/6N
HM3 Kurt Buchholz/Ed & Trng.
HM3 W. Contreras/Laboratory
HM3 Dawn Fuller/6N
HM3 J. Girouard/Emer. Room
HM3 Javier Gonzalez/6N
HM3 Thomas Groce/Pharmacy
HM3 Jeffrey Hanley/6N
HM3 Sarah Harper/Radiology
HM3 Cynthia Harmer/Radiology
HM3 G. Katayanagi/Pharmacy
HM3 J. McLaurie Jr./Med. Rec.
HM3 Tonya Mitchell/Laboratory
HM3 D. Paderanga/Main OR
HM3 Leroy Phillips/OOD Desk
HM3 J. Regacho/Immunology
HM3 Rachael Roberts/6N
HM3 T. Robertson/Internal Med.
HM3 Joseph Sendeci/9W
HM3 Tina Spaulding/9E
HM3 P. Stallworth/Radiology
HM3 A. Walker/Clinical Inv.
HM3 D. Walker/Ophthalmology
HM3 W. Wicker/Emerg. Room
HM3 C. Wiles/Laboratory
MS3 Alex Eslava/Galley
PC3 Kevin Hughes/Mail Room

SK3 R. Lipscomb, Mat'l Mgmt.
MS3 Jack Lyon, Jr./Security
MS3 F. Marigundon/Galley
SK3 Derek Marsh/Mat'l Mgmt.
SM3 C. McWhorter/Oper. Mgmt.
PN3 Sonia Moran/Manpower
MS3 Pok O/Galley
DT3 Charles Parson/Dental
SK3 T. Rodriguez/Mat'l Mgmt.
MS3 Raymond Sawyer/Galley
RP3 Ella Stewart/Pastoral Care
DP3 David Werther/Med Hold
HM2 Jose Armonio/Neurology
HM2 Edward Asselin/Pharmacy
HM2 D. Dantes/Otorhinolaryn.
HM2 Michael Doran/Radiology
HM2 V. Dumancas/Laboratory
DC3 Robert Reveles/Staff
HM2 Cheryl Little/Main OR
HM2 Paul Lucia/Laboratory
HM2 N. Sazon/Laboratory
HM2 J. Sheker/Otorhinolaryn.
HM2 Rodney Wilson/Pharmacy
MM2 Timothy Diehm/Staff
MM2 D. Gardner/Med. Equip.
HM1 David Barker/9W
HM1 J. Hutchinson/Nuc. Med.
HM1 O. Llanes/Laboratory
HM1 C. Martinelli/Br. Clinic, T.I.
HM1 Odessa McGahee/Staff
HM1 Linn Meyers/Ed & Trng.
HM1 L. Ramirez/Optomology
HM1 R. Velasquez/Med. Equip.
HM1 E. White/Respiratory
IC1 M. Cunningham/Med Hold

Hails and farewells

Arrivals

MS2 Thomas Anderson
HN Bobby Arnold
HR Naomi Aspaas
HM1 Vicki Basham
AO2 Steven Botello
HN Dawn Brown
HA Bobby Bundy
SM1 Jerome Byrd
HR Jose Calderon
HN Ricky Childers
MS2 Rodolfo Cipriano
HA Mark Cotter
HN Terence Cronin
HR Lainie Ellis
HM1 Douglas Elton
LCDR Robert Frenck
HR Troy Gerrard
HA Clint Hale
HR John Harris
HN Louis Hartsman
HA Kayla Hovai
HM3 Michael Johnson
HR Donovan Johnston
HR Patrick Johnston
HN Angela Kendle
HN Kenneth Kramer
HR Kent Marohl
HR Timothy Menear
HA Mark Mooney
HR Julia Oglesby
HN Pauline Olson
HR Dante Pabillore
MS1 Jimmie Pate
STG3 Lyn Paxton

HR Sandra Perez
HM2 Dilene Pulver
HM2 Emelie Quiboloy
HM3 Nathaniel Ramirez
HA Brent Renteria
HM3 Jacqueline Rose
HMC Lyndale Sims
HMC Eric Sisson
HR Kimberly Smith
SN Kenneth Stovall
HR Daniel Terza
HA Terry Teters
LCDR Jon Thuringer
HN Dennis Ward
HM2 Elizabeth White
HA Daniel Woods
HA Andrea Yantomasi

Departures

HN Martin Aguilar
HM3 Margaret Allison
MS2 Vincent Baldwin
LT Thomas Barry
LCDR Richard Bessette
HM3 Thomas Birkenfield
LCDR William Burge
HM2 Todd Chitwood
HM3 Patrick Conroy
LT Murray Donovan
LCDR Michael Doran
CMCA Wesley Embrey
CDR Niles Erikson
LT John Espie
LT Pamela Evans
RP2 Timothy Fallen
HM3 Jonathan Fernandez

HM2 Pamela Fugitt-Hetrick
LCDR Michael Gallaher
CDR Francis Gamza
HN Don Garcia
LT Terrance Hack
LT Francis Hamm
HA Ronald Harris
HN William Harris
LT Danielle Hightower
LT Dan Hunter
LN1 Tanya Johnson
LT Christopher Kane
LTJG James Lohmann
LT Craig Mallak
CDR Stephen McCartney
HM3 Kimberly McClellan
LT William McDougall
HN Tricia McGruder-Peterson
HM1 Margaret McHenry
SN Arthur Norton
LT James Paolucci
HA Kenneth Patterson
LCDR Stephen Peake
SHSN Julie Perry
HM3 Apollo Sebastian
LT Scott Shay
LTJG Lori Short
SKC Charles Starkweather
LT Adrian Szwec
LT Daniel Tvedton
SA Luis Valentine
SH3 Patricia Wavra
LCDR Frank Whitmer
LT James Willis
LTJG Tracy Wolfe
HMC Ronaldo Zuniga

Oak Knoll Color Guard presents the colors at the Oakland Coliseum when the Oakland A's beat the Seattle Mariners 4 to 1 on July 15 (From left) DN Emma Gulick, HM2 Sam Villarreal, DT3 Vicki Jones and SN Saleta Poole. (Photo by YN3 Daren Holt)

And then they
were gone
Page 5

Navy women go to sea
Page 6, 7
The "Lady Waited"

Bravo Zulu AOAN Sherry
Harkless, August Sailor of
the Month

RED ROVER

The Navy's first commissioned hospital ship



Volume 2, Number 15

Naval Hospital, Oakland 94627-5000

September 1990



USNS MERCY SAILS FOR PERSIAN GULF

By JO2 Tami S. Begasse

As the sun set Aug. 15, the 894-foot hospital ship, USNS Mercy, steamed under the Golden Gate Bridge with a staff from Naval Hospital Oakland (NHO) bound for the Middle East in support of "Operation Desert Shield."

"I am very proud of the medical personnel deploying to the Middle East, and of those who stayed behind to keep us functioning," said Vice Admiral James A. Zimble, chief, Bureau of Surgery and Medicine in Washington, D.C. "Navy medicine's mission is to provide medical care to Navy and Marine Corps personnel. Any time our fighting forces go in harm's way, you can be certain that medical personnel are on the front lines as well."

NHO's commanding officer, Rear Adm. David M. Lichtman had only praise for his staff members, civilian and military alike. "Our

advance planning was perfect. We are extremely proud of the unprecedented accomplishment of fully equipping and staffing such an enormous and complex acute-care hospital on such short notice."

In a matter of three days, NHO staffed Mercy and performed all the necessary logistics to support the hospital's wartime mission. This process is normally designed to take place over a five-day period.

Ideally, the crew of the nearly 70-thousand-ton, 1,000-bed ship would consist of: 50 doctors; 200 nurses; and 550 hospital corpsmen and dental technicians. Additionally, 400 non-medical support personnel are assigned to augment the Military Treatment Facility aboard the ship.

Medical specialties represented by the medical staff include dermatology, psychology, neurology, radi-

ology, pathology, general surgery, OB/GYN, ophthalmology, ear/nose/throat and urology. Some of the surgical specialties are orthopedics, thoracic, oral maxillofacial and plastic reconstructive surgery.

Mercy's medical treatment facility can support a full spectrum of services to satisfy acute medical and surgical requirements. Patients evacuated from shore would arrive on the ship by helicopter or small boat and then be taken to a casualty reception area for assessment of condition. From there, they would proceed to either surgery or other treatment facilities.

Patients would be housed in one of 16 wards. Surgical facilities include 12 operating rooms; a 50-bed casualty-reception area; a 20-bed recovery room; 500 acute-care beds; and full anesthesiology.

Thank You For Your Help

By Captain Paul Barry
CO, USNS MERCY

Aboard USNS MERCY — The crew and I thank you for the outstanding support given to the hospital ship during her activation. Despite the words of the *Washington Post*, saying it was a "miracle" that Mercy and Comfort were able to sail staffed and fully supplied, we know the real reason it was possible was due to the hard work, dedication and incredible enthusiasm of the crew and activities that provided the support and staffing for us.

To Naval Hospital Oakland, an extra Bravo Zulu to you for all the help you provided our shipmates who, unexpectedly, had to leave us. Despite the mutual disappointment, we know that they were treated well when they departed. Please pass to all of them that we are looking forward to seeing them back again soon.

USNS Mercy (T-AH 19)
FPO San Francisco, CA 96672-4090

From the Executive Officer CAPT Noel A. Hyde, MSC, USN

When the Mercy first went to sea, Naval Hospital Oakland seemed like a ghost town at times. The lines at the exchange appeared much shorter. The scarcity of parking spaces seemed to be somewhat alleviated. Familiar faces are certainly missing. Approximately nine hundred of our shipmates have left us not knowing when they will return.

However, the work of the hospital will go on. Many active-duty members, retirees and dependents who have always used the facilities are still here and still need our services. Although some elective cases have been temporarily delayed, the hospital beds are not empty. We've continued to take urgent and emergency cases; our outpatient clinics have not slowed significantly; there are still prescriptions to be filled and we are continuing to take increased numbers of elective cases. Many of us are busier than ever as families, away from their loved ones — some for the first time — are faced with unfamiliar problems that need resolution. Those of us left behind now have an even bigger job to do, and I am confident we will successfully meet this new challenge.

The quality of patient care will not decline. The reservists, some of whom have served at Naval Hospital Oakland on active duty for training, have been called up to help us accomplish our mission. Competent and enthusiastic, the reservists have put aside their civilian clothes and, donning their Navy uniforms, have all pitched in to help us through these challenging times. Our faces may be different but our high standards are intact.

There is a certain sense of envy among those of us who want to be with our shipmates. There is also concern about the uncertainty that the current situation brings all of us. However, one thing is certain — the current staff will provide whatever effort is required. And when the crisis is past, we'll feel secure in the knowledge that the mission of Naval Hospital Oakland was not adversely affected, and all of us "left behind" will be stronger individuals.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published monthly, by and for employees of Naval Hospital Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

Responsibility of the Red Rover contents rest primarily with the Public Affairs Office, Naval Hospital, 8750 Mountain Blvd., Bldg. 73C, Oakland, CA 94627-5000.

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OAK KNOLL PERSPECTIVE

From the Commanding Officer RADM David M. Lichtman, MC, USN



Bravo Zulu to Public Affairs Office

The current crisis in the Persian Gulf, the resultant "Operation Desert Shield" and the subsequent deployment of the USNS Mercy has, once again, focused public attention on Naval Hospital Oakland's mission and resources. Not since last year's earthquake have we experienced such mass media attention. Despite the limitations imposed by security concerns, we were able to completely satisfy press requirements. NHO, its staff and the USNS Mercy received unprecedented and positive coverage. We were featured on network television (ABC, NBC, CBS and CNN) and were interviewed by local as well as national publications (People, Life, Money and Time Magazines, as well as New York Times, Washington Post, Chicago Tribune, and Los Angeles Times).

Documentation of Naval Hospital Oakland and the USNS Mercy's role in the current crisis is important, not only for community relations and external communications, but from a historical perspective as well. I am proud of the way our Naval Hospital Oakland community has responded to the current crisis and the way the PAO Office professionally interfaced with the media. The coverage has been good for the Navy, Naval Hospital Oakland and all of the people who make this command a "Very Special Place."

No man is an island

By L. J. Srevart

NAVAL HOSPITAL OAKLAND, Calif. — This has certainly been a month of changes and challenges. As we watched our friends and loved ones leave on deployment and recall response teams, we pondered, reflected, wondered and worried. Still, we all have jobs to do, and life must find a way to go on in some semblance of normalcy.

Enter the chief petty officer (CPO) community. Although their ranks have been seriously depleted, the remaining few persist in continuing to meet their ever-present burden of responsibilities. This includes the training and indoctrination of the CPO selectees.

These individuals [CPO selectees] endure the burden of assignments and activities arranged by the chief petty officers who shadow them. It is, therefore, time that the truth be known.

The immortal words of 17th Century English poet, John Donne, [Meditation XVII] best exemplify the true message of the CPO initiation process, as seen through the eyes of a selectee.

"No man is an island, entire of itself; every man is a piece of the continent, a part of the main..." Like Donne's congregation, we, the selectees do not stand alone. We present a united front before the community which so aptly "wields the sword."

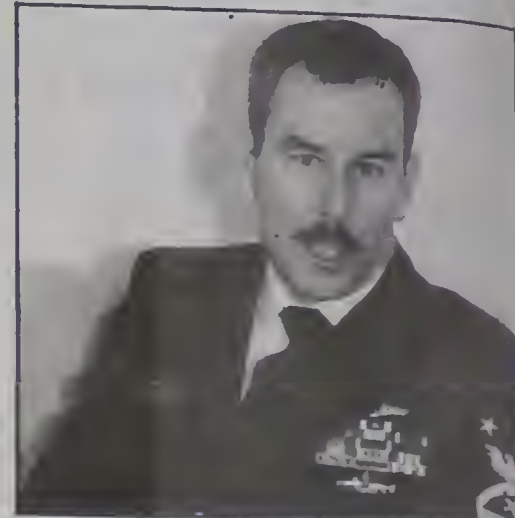
"...Any man's death diminishes me because I am involved with mankind..." Donne continued, speaking of group responsibilities. As the poet's community stood as one, so do we all stand together; so do we all feel that which affects each and everyone of us. Even then, when it is an individual who must fall before the group, it is our entire unit that feels the blow. Then, as we prepare to enter the ranks of those who provide this "wisdom," this "folly," we recognize that those who "mete out the wrath" also stand to receive it.

We, the selectees, know that we are recognized by all as part of a community that so freely indulges in adding to our "suffering." We also know, deep within our souls, that they, too, must be willing to bear the weight of this burden.

Therefore, chiefs, "... never send to know for whom the bell tolls, it tolls for thee."

From the Command Master Chief HMCM (SS)

Michael L. Stewart, USN



As the USNS Mercy sailed under the Golden Gate on August 15, a young corpsman at Moffett Field sat down and wrote a letter to all who were aboard — a prayer for them, their families and their friends.

I share his sentiments and thank him for having said what is in my heart.

"I sit here, and I feel a great sense of longing and frustration because I cannot be with you.

"Your ship set sail today. It left for a tedious journey that will encompass over 11,000 miles. Many of you, my fellow hospital corpsmen, also left today with hearts and souls filled with apprehension, fear and anxiety. There is always so much anxiety in crossing roads or oceans that we have never traveled before. As the California coast disappears over the horizon, faith will be your only consolation.

"The affairs in the Middle East that interrupted the routines of your day-to-day lives were obviously not foreseen. How could they be? Only God knows what will happen next. The seconds tick away now, and with the passing of each one, I hope your fears are being eased and that God hears and answers your prayers.

"This letter — metaphorically a prayer — is for all of you and for your families and friends. I share their concerns, but words just don't seem to be enough because they cannot account for sleepless nights of worrying, nor can they substitute for the absence of loved ones. More powerfully, though, words spoken and unspoken are a frustrating emotional barrier that has the unchecked ability to hold us all at bay until the Middle East crisis is resolved.

"You are all very well trained, and I encourage you to perform your jobs to the best of your abilities. If the 'best' can be taken further, then take it there. 'There' is a special place in all of us that drives us to succeed and to find the serene plains of personal satisfaction.

"Remember your purpose, be strong and remember the sacred vows of the Hospital Corpsman Pledge.

"I must close now, but my prayers for you are spiraling to heaven. Prayer does change things, so go ahead and whisper a prayer."

A LETTER AND A PRAYER
By HM3 Randolph L. Smith, USN
VP-46, NAS Moffett Field, CA

September 1990



Pictured are two Native American youngsters who were treated at Naval Hospital Oakland in 1975.

Observance of National Hispanic Heritage Month 1990

SECRETARY OF THE NAVY, WASHINGTON, D.C. — The period September 15 to October 15 has been designated as National Hispanic Heritage Month 1990. This year's theme is: 500 Years of Hispanic Heritage 1492 - 1992... Education Excellence — Key to Our Future. This theme underscores the Navy commitment of increased education and technical training as a key element to upward mobility.

Hispanic Americans have served loyally and courageously in the United States Navy and Marine Corps. Thirty seven Hispanics (including two Navy and thirteen Marines) have received the Medal of Honor, the highest per capita rate of any population group.

Hispanics continue to make valuable contributions to our nation. Prominent past leaders of the Navy-Marine Corps team have included the Honorable Edward Hidalgo, former Secretary of the Navy, Admirals Farragut, Rivero, Flores and Montoya and Lieutenant General Del Valle. Presently, two Hispanics serve as cabinet members, the Honorable Lauro Cavazos, Secretary of Education, and the Honorable Manuel Lujan, Secretary of Interior. Distinguished Naval leaders today include Vice Admiral Diego Hernandez (Deputy Commander U.S. Space Command), Rear Admiral Jesse Hernandez (Commander Patrol Wings U.S. Pacific Fleet) and Rear Admiral Alvaro Gomez (Commander Naval Surface Group Long Beach).

This period offers us the time to reflect on the Hispanic legacy to our nation. It is an opportunity to acknowledge the achievement and contributions of today's military and civilian personnel of Hispanic origins. I urge all Department of the Navy activities to sponsor and participate in activities designed to establish or strengthen friendships and partnerships with the Hispanic community.



Reflections of a Reservist

By HM1 Kim Ross, USNR

NAVAL HOSPITAL OAKLAND, Calif. — I would like the active-duty component to know who we are and what we really bring to this command. I reported to this command in October 1975 for active-duty, and worked in the Ophthalmology Department for five years until December 1980. During that time, I was one of the command's Sailors of the Quarter and a nominee for Sailor of the Year. I was hired by this command in January 1981 as a civilian employee, doing Ophthalmic photography in the Eye Department. During this phase of my employment, I was Civil Service Employee of the Quarter and subsequently represented this command in the Bay Area Federal Employee of the Year nominations. I placed first under the technical category while representing this command. I left Naval Hospital Oakland in September 1984 after nearly 10 years of service. Two of my three children were born here.

I have been affiliated with Naval Hospital Oakland-120 Reserve Unit since January 1984. I have served this command under all of its component parts, active-duty, civilian and reserves, and I am committed to the "One Navy" concept. We are the left hand when the right hand is not sure what it's doing and vice-versa. In other words, it takes all of us to provide quality patient care — active-duty, civilian and reserve personnel combined.

I owe a lot to this command for the education, support and opportunities it has always provided me. I would not have the wonderful civilian job from which I am on leave-of-absence, where it not for the mutual support I have received from NHO's Eye department, Audiovisual, Med Photo, Civilian Personnel, etc.

I am proud to be serving this command as a reservist, however, I am not "just a reservist!" If you look closely at the reserve community presently serving here, you will discover that they, too, are more than "just reservists!"

staff learned and then applied their new knowledge to the military community."



Officer Capt. Gordon C. Strom as its prime mover.

Strom, a former Oak Knoll commanding officer, was head of the Otolaryngology Department (ear/nose/throat or ENT). Along with other members of the department, Strom assisted the Phoenix District Indian Health Service by conducting clinics at Indian tribe reservations in Arizona, Nevada and Utah.

"The results were beneficial to the Indians and to the hospital," wrote (then) Petty Officer 3rd Class Tami S. Begasse in a February 1988 issue of *Norwester*. "Because, with every surgical case brought to ENT, the



Laura Jezik, *Oriental Birds*, batik on silk wall hanging 8' x 4'.

September 23 is Native American Day

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — Congress designated September 23rd as Native American Day, but Naval Hospital Oakland, or Oak Knoll as it is known historically, has never needed a proclamation to acknowledge our American Indian brothers and sisters as an important part of its community.

According to Oak Knoll's archives, in 1974 the hospital initiated a program designed to assist American Indian tribes with treatment of a large number of ear diseases, with Medical Corps

Arts and Crafts

Fine Arts Flourish at Naval Hospital Oakland

NAVAL HOSPITAL OAKLAND, Calif. — Laura Jezik may be an expert in civilian personnel classification during the day, but when she goes home her artistic sensibility takes over.

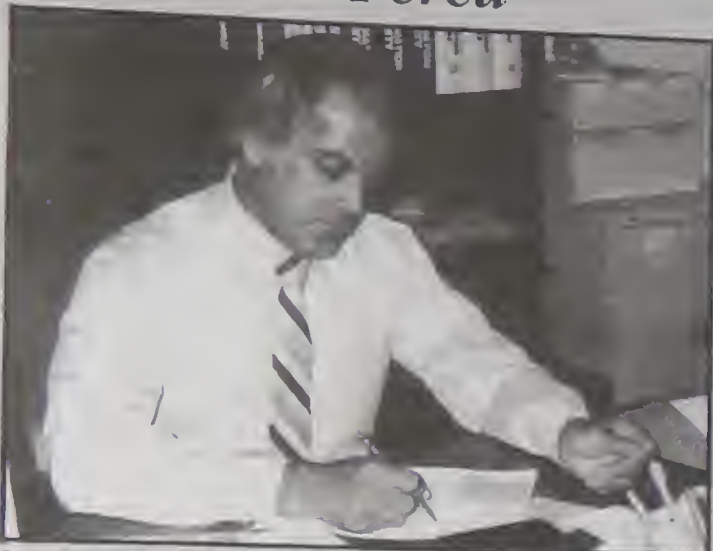
Jezik, who is Naval Hospital Oakland's (NHO) classification specialist, has a Bachelor of Fine Arts in Textile Design from the University of Washington. She has been creating quilts, batik and other textile art objects for years.

Many of her textiles are exhibited at The Artist's Studio in Alameda through October 11. "Her subject matter is diversified," said Margaret Breuner, the gallery's director. "Some depict whimsical animal imagery while others are geometrically organized earth-toned or dramatically hued batiks and tie-dyed textiles."

According to Breuner, Jezik's works will be shown regularly. The gallery, located at 934 Central Avenue, is open Monday through Thursday, 11 a.m. to 6 p.m.; Friday and Saturday, 10 a.m. to 5:30 p.m.

Up-close with Oak Knoll staff members

Fred Perea



Current career area: Communications Department.

Your job: I'm head of the Communications Department.

Marital status: Married.

Wife: Patti Perea.

Children: Jennifer(24), Tony(16), Ashley(7) and Megan(5).

Hometown: San Ramon.

Hobbies: Reading and coaching soccer.

Likes: Working with computers and gardening.

Dislikes: None.

What is the most challenging part of your job? Getting the job done with reduced staff and minimal money.

What is your immediate goal? To try and build up the department's staff with a more permanent staff.

What is your long-term goal? In order to better use the resources of each department, to see communications and management information departments combine into one.

If I could do it over again, I'd: Not change a thing. I'm satisfied with the way things have gone for me.

I wish I could stop: The red tape imposed by the government to get things done.

I respect myself for: Always doing what I think is right, regardless of outside pressures.

Role Models/heroes: My dad has always been my role model. He is hard working, understanding and generous with his time for the family.

HM1 Kim M. Ross, USNR



Current career area: Reserve Liaison Office.

Your job: Serve as Liaison between reserve personnel and active-duty command.

Marital status: Divorced.

Children: Jamie(13), Adam(10) and Amanda(4).

Hometown: Originally Sioux Falls, South Dakota. Currently Hayward, California.

Hobbies: Sky-diving, sewing and photography.

Likes: Swimming and running.

Dislikes: Being down on what you're not up on!

What is the most challenging part of your job? Right now the most challenging aspect of my job is adhering to the concept of "one-Navy" (i.e., active-duty, reserve, civilian). For those of us involved, it will never be more apparent that in this current conflict.

What is your immediate goal? To serve in some advisory capacity, to become more familiar with in-house activities which will allow me to better the enlisted community.

What is your long-term goal? To improve the readiness transition for both active and reserve components in future mobilization efforts.

If I could do it over again, I'd: Make an effort to ensure that the active components of this command were familiarized with reserve activity during conflicts. I would initiate this familiarization process during Command Orientation.

I wish I could stop: The misrepresented conceptions each component of this command has about each other.

I respect myself for: Being able, in most situations, to step outside of myself, identify problems, offer solutions and implement workable changes.

Role Models/heroes: My mother and grandmother.

Ens Mark Stevenson, MSC



Current career area: Commanding officer's suite.

Your job: Administrative support officer, working with special projects. Oversee publications and directives.

Marital status: Married.

Wife: Coral Lynn Stevenson.

Children: Tyler Joseph Stevenson (3 months).

Hometown: Phoenixville, Pa.

Hobbies: Sports, working on cars, small fix-it jobs.

Likes: Competition, watching my son grow up.

Dislikes: People with bad attitudes and unmotivated individuals.

What is the most challenging part of your job? Its ever-changing aspect: complete a project or take care of a problem, then a more in-depth challenging project or problem immediately follows. Also time management.

What is your immediate goal? Begin a Masters degree in Health Care Administration. Continue to gain experience in all phases of health care administration/management.

What is your long-term goal? (1) Complete the Master's degree; (2) Make captain and retire after 20 years; (3) Return to the 600-bed county hospital where I used to work as a custodian and become its head administrator.

If I could do it over again, I'd: Probably do the same things over again.

I wish I could stop: Taking everything so seriously all the time.

I respect myself for: Attaining most of the goals which I set for myself.

Role Models/heroes: My dad; also a major in the Air Force for whom I worked. He made me take college courses that led to my finishing a B.S. degree and ultimately gaining a commission.

Chaplain's Corner

By LT Karla M. Seyb-Stockton, CHC, USNR
Pastoral Care Department

In times of distress and uncertainty, the thing I want most is some assurance that everything will work out in the end. I don't necessarily need to know how it will work out, just that someday, when I look back on my life, I will be able to see how it all worked out to make sense.

The quoted hymn, penned by Clara Scott during some moment of uncertainty in her relatively short life, has become my prayer. These words span the ages because they capture the longing for understanding, for finding the meaning in all of life's situations.

This hymn is my prayer again now. None of us know what the future holds for us, for our shipmates, or for

Open my eyes that I may see

Glimpses of truth

Thou hast for me;

Place in my hands the
wonderful key

That shall unclasp and
set me free.

Silently now I wait for thee

Ready, My God, thy will to see;

Open my eyes, illumine me,

Spirit divine!

— Clara H. Scott

our brothers and sisters all across the sea services. We can take comfort in the fact that God has promised that nothing can separate us from God's loving presence. Not even uncertainty can be a wedge between us and God's purpose for our lives if we look through faith to see the truth. The thing that makes it difficult for us in this "media age" of instant information, is that many times we must silently wait. It is as if our eyes must adjust to the darkness around us before we can see the glimpses of truth that come to us as we go through our lives.

I pray now more than ever that we will wait with our eyes wide open, so that we can see clearly what God's will is for our lives and for our world... and I pray that we will have the courage to listen and respond when God calls us.

September 1990

And then they were gone

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — The proud hospital ship loomed, high and mighty at the pier, her huge red cross a reassuring symbol — pulsating to the rhythm of feverish activity, as people were getting her ready to sail.

She was the USNS Mercy (T-AH 19), one of two Navy hospital ships activated to lend medical support to U.S. troops in the Persian Gulf, and most of her staff came from Naval Hospital Oakland (NHO) and its subordinate clinics.

One day they were here, and then they were gone! Enthusiastically and sometimes apprehensively, they left their duty stations at NHO, or Oak Knoll as the familiar East Bay hospital is known locally, and sailed under the Golden Gate at 7:25 p.m. on August 15.

But, whatever their mood, those gallant Navy men and women had one common bond — it was their duty to respond to the call. They did just that and in record time.

Deployment is nothing new for many of NHO's male staff members. In fact, for the Laboratory's Leading Petty Officer, Chief Johnnie Coleman, a 48-hour notice was a luxury to which he was not accustomed.

"This is a long notice compared with what I'm used to," he said, explaining that he's been deployed before with as little as a two hour notification — aboard USS Nimitz (CVN-68) and John F. Kennedy (CV-67), during hijacking rescue attempts.

But, as Coleman knows full well, it was quite another story for junior personnel who lacked such experience. "It's very difficult for them," he said, "because there is very little information being passed on to the lower levels. Nobody knows what type of situation we're going into, where we're going, and it's hard on them and their families."

For Hospital Apprentice Done Alcantara, a technician in the Chemistry Laboratory, the situation was a nightmare. "I don't know how I feel about going," he said, explaining that his problem was a financial one: It was past 5 p.m. on Friday, the bank was closed, he didn't have the \$100 he needed to open a bank account and payday was five days away. However, a winsome grin erased his worried frown when he was told the bank

would open on Saturday morning. Then, he was ready to go.

"I didn't volunteer, they just told me I was on the [deployment] list," he said, "but I feel confident that I can handle any situation that could happen."

Even senior officers had trouble adjusting to the shock of a situation they had not expected — Medical Corps Officer Lt. Cmdr. Gary Anderson was among them. "I was confined to a ship before and feel very qualified to handle any combat casualties we might get on the Mercy. It's a sobering experience, and nobody is enthusiastic about leaving their families and their homelife in the Bay Area."

Petty Officer 2nd Class Melanie Barrett of Hematology Services had to send her daughter, 16-year-old Brandi, to her father. "At first, she was glad and proud that mom was going overseas," Barrett said. "But reality soon set in, and it's starting to sink in that she won't be here with her friends, and that I am going to be gone for a long period of time. She's having a little trouble adjusting to that."

Barrett, who is among a group of corpsmen returned to the hospital while the Mercy was having mechanical problems, said she was excited about going and felt qualified to handle whatever scenario might come up. Like most of the returned personnel, she might be airlifted back to the ship if needed. But although she feels danger may lurk in her future, it doesn't change anything. "There were a lot of reasons why I joined the service, and defending my country was one of the reasons. That's why I am here."

As Friday faded into Saturday, and then into Sunday, preparations for Mercy's departure accelerated. On the wharf, Chief Petty Officer Jean Jones of the hospital's Laboratory Services was saying goodbye to the husband and children she was leaving behind. "My husband is prior Navy in an aviation squadron," she said. "He made three cruises in four years during the Iran crisis, so he's very understanding; in fact he's very excited at my going."

But for five-year-old Jenifer and three-year-old Jason, mom's leaving was not as understandable. "They know that it's Navy work and that I am going on a big boat, but they don't realize

that I can't call them every night and that they won't actually see me for weeks and months," she added.

By late afternoon, most of the deployed NHO personnel were aboard, settling in their quarters or getting ready for the long voyage across the world. Morale was high, especially in the women officers quarters, where jubilant nurses were elated about going to sea at last.

"I've never been aboard a ship and I've been waiting 27 years to do that," said Capt. Maria K. Carroll proudly. The former NHO director of Nursing Services (DNS), Carroll is also the Mercy's DNS. "That's the kind of thing for which we joined the Navy. We could be nurses in civilian life and we wouldn't be going to sea. That's what makes us Navy nurses and we're all very up about that."

Although she's been in the Navy for only two years, Nurse Corps Officer, Lt. j.g. Marion Adams echoed Carroll's sentiments. NHO is her first duty station. "I love working in Oak Knoll's Pediatric Department," she said, "but this [going on the

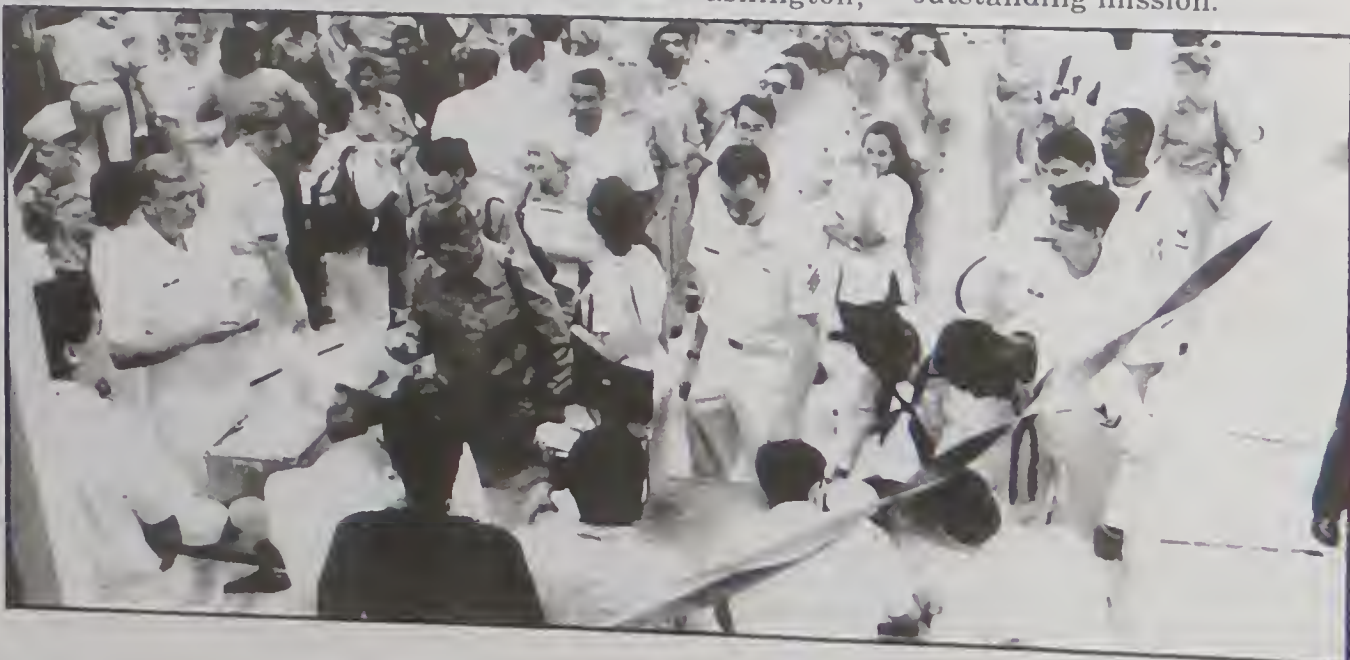
Mercy] is what being in the Navy is all about, and I am actually looking forward to this cruise with anticipation. It provides a great opportunity to learn [new specialties]."

But the Navy nurses weren't the only one anxious to go on the cruise, and the only factor that dampened Medical Service Corps Officer Cdr. Ernest Ghent's eagerness was the thought of leaving his wife. "That's the first time we've had a long separation and I will miss my family," he said, adding he had just missed saying goodbye to his Army son who was on his way to Korea. "I won't see him for another two years now, but I am eager to go, and am especially proud to have been selected as the Mercy's administrative officer."

By 10 p.m., as night enfolded the proud hospital ship, people bent under the weight of heavy sea bags and suitcases were still arriving, while a sea of sailors in white uniforms lined the quarter deck. From West Coast Naval hospitals in California and Washington;

from NHO's subordinate clinics in Mare Island, Moffett Field, Stockton, Fallon, Nev. and elsewhere — they all came aboard, with heavy hearts at leaving their families and friends, but ready to serve their country and, in many cases, anxious and eager to be on their way.

The rest is history, and all that's left to say to our friends and shipmates — to Capt. Paul Barry, Mercy's commanding officer, to Nurse Corps Officers Melissa George and Julio Espinosa, to Personnelmen Angela Coon and Kelli Buzan, to Journalist Tami Begasse and Yeoman Daren Holt, to Seaman Mark Herrington, to Hospital Corpsmen William Hawkins, Tom Foley and Gary Williams and to all those courageous Mercy sailors and Military Sealift Command personnel, who run the ship, is — good luck, keep safe and, in the words of Hal R. Siebert, NHO Laboratory Services' administrative operations officer, "We are proud of your exuberance and loyalty toward making this an outstanding mission."



Aboy! Watch out here we come

Navy Women go to sea

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — Many had waited a quarter of a century for the opportunity. Others had been in the Navy for a short time. But for most, it was the chance of a lifetime when military medical women of Naval Hospital Oakland (NHO) were deployed to the USNS Mercy, a hospital ship that left for the Persian Gulf as part of the United States "Operation Desert Shield."

Many left husbands and children behind but, although it was a hard thing to do, most appeared eager to embark on a mission that will afford them an opportunity to train aboard ship — an opportunity seldom given to female service members.

Nurse Corps Capt. Maria K. Carroll wanted to go to sea ever since she joined the Navy 27 years ago. "This is my first opportunity so, of course, I am pretty excited about it," she said, admitting that she hasn't had time to think about the negative side of the deployment. "I don't think that people have thought a lot about [the implications of this mission]," she said, "they're going to be hurt emotionally if they come into contact with casualties, but I think that, as we begin our training after we get out to sea, these kinds of things will come home to them more fully."

A chance to train aboard ship while supporting U.S. troops must be what Lt. Cdr. Alison L. Mueller, Nurse Corps, had in mind when she extended on the eve of her retirement.

Mueller, Oak Knoll's resident hero of earthquake '89 fame, was within days of ending her 25-year Navy career when she heard of the Mercy deployment and, although she leaves a husband and two children behind, she extended without what Carroll called "a glance back."

Mueller was unavailable before sailing, but had much to say in a recent interview on the subject of the need of sea billets for Navy medical women. "If we went to war and there was a need for nurses on ships, they wouldn't have enough male nurses available," she said.

"Women nurses have proven during [two world wars as well as the Korean and Vietnam conflicts] that a handful of women among 'a ton and a half of men' do not create problems."

Mueller's view is reinforced by a Mercy male colleague who sees no problem with having women onboard any kind of ship. He feels women are essential



LCDR Rhonda Gibson's husband comforts the couple's son who doesn't want mom to leave. Formerly Division Officer Charge Nurse at Naval Hospital Oakland, Gibson left with the Mercy on August 15. (Photo by JO2 Carole Evans, USNR)



MSSA Marilyn Tindall (left) and MSSR David Danz tidy up the galley aboard the USNS Mercy. Tindall and Danz were on the Dining Facility Operations staff at Naval Hospital Oakland before they were deployed to the Mercy. (Photo by JO2 Tami S. Begasse)

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September 1990

The Lady Waited

By JO2 Carole Evans,
USNR

OAKLAND, Calif. — She waited patiently at the Oakland Navy Supply Center pier for 1,576 men and women, and beds for an additional 1,000 unexpected guests. She is a big lady and would only leave home for two reasons, and those are extreme cases.

The "lady-in-waiting" is the U.S. Hospital Ship Mercy (T-AH 19). She is the first of two hospital ships operated by the Military Sealift Command. Her sister ship, USNS Comfort, is homeported in Baltimore, Md. Each is a floating surgical

hospital staffed by 1,508 medical and support personnel and 68 operating crew.

The ships are larger than any shore Naval medical facility. Each has 1,000 beds, (the average U.S. hospital has 300 beds), 12 operating rooms, radiological services, medical labs, physical therapy, burn care, optometry lab, dental service, pharmacy, morgue and two oxygen producing plants. Mercy also has a landing pad large enough to accommodate the military's largest helicopters. It is totally self-contained for living and medical operations.

USNS Mercy is not the first ship of her kind.

The first Mercy-type hospital ship was used in 1918 to transport the wounded from ship-to-shore hospitals during World War I. The second Mercy was used in World War II to transport and handle casualties in the Pacific and again in the Korean War.

The new Mercy was converted from a deep water tanker and completed in 1986. Its low center of gravity, which reduces the ship's roll is a benefit to patients and crew when at sea.

"This is a unique ship,"

said Captain Bill Sagan (USNR), Medical Service Corps. "She is operated by a civilian crew from the Military Sealift Command responsible for its operations, while the Navy Bureau of Medicine and Surgery is responsible for the hospital section and related components."

"The ship waits here at the ready," said Captain Paul Berry, Medical Service Corps.

Berry who is the Navy Hospital Oakland's director of Community Health Services, serves as commanding officer of the medical treatment facility

aboard the Mercy when she is activated.

"If and when the call comes requesting the Mercy, we can activate 1,200 crew members and be on our way out the Golden Gate Bridge within five days of the call," Berry explained.

AND SO THE CALL CAME! The USNS Mercy sailed out under the Golden Gate Bridge, August 15, 1990, 7:25 p.m. full-steam-ahead, bound for the Persian Gulf.

(Editor's Note: The preceding story was originally written before the current crisis in the Middle East erupted.)

port missions. "You have to realize that people who will be taking care of the one or sailor or airman will be women," he says a vital role and we need them aboard

eller, who has managed to go to sea for a long time, Nurse Corps Lt. Cmdr. Carol Baines, training officer, hasn't. She has been in the service almost 30 years, missed two previous deployments for one reason or another and wouldn't have held her back this time. In fact, she adds an important dimension to the mission — a particularly apt at a time when Americans celebrate the anniversary of the Constitutional amendment that gave women the vote in 1920.

"A small percentage of military personnel on the ship are women," she said. "I think this is a good opportunity to make the public aware that women have a role in Navy medicine. It should be good reality for society."

Nurses appeared to have been the most visible, representatives of other medical personnel were just as anxious to serve.

Service Corps Lt. j.g. Corey K. Baines was a medical officer at NHO before she joined the ship. She'd never been to sea before and was "a little nervous" but not so much that she would have missed the opportunity to learn and be part of a mission of the Mercy's magnitude. "I consider this a valuable experience," she said, "and am really looking forward to going — about being a team player."

3rd Class Stephanie B. Thorn, a 22-year-old laboratory technician, was fearful of the ship when she was first called. But after a week to get used to it, she's doubly proud to be part of the team.

She was among a group of military personnel who came to the Mercy on August 27 after being deployed to the hospital, was grateful for her two days on board. It gave her an idea of what to expect and her initial apprehension.

"I'm more enthusiastic about going now than I was a month ago," she said. "Then, I didn't expect the ship to be so hocked, but now that I've had a chance to see it all, I am ready to go back and feel I really

know what could await the Mercy when she leaves the Persian Gulf doesn't make for happy thoughts. But knowing that these experienced, brave and gallant military women are part of the ship's dedicated medical life support team makes us feel a great deal better.



LT Douglas Winesett and his son, Douglas, Jr., were on hand to bid farewell to his friends when USNS Mercy left for the Persian Gulf. Winesett is a pediatrician at Naval Hospital Oakland. (Photo by JO2 Carole Evans, USNR)

Dental presents Paul C. Lehman Award

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — The first Paul C. Lehman Award for outstanding general practice residency (GPR) was bestowed upon Dental Corps Officers, Lts. Bradley D. Bourcy, Chester B. Gauss, Steve Milios and Wm. Vockroth, four graduates of Naval Hospital Oakland's (NHO) dental GPR program on August 31.

The award honors Dr. Lehman, former Naval Hospital Oakland's head of Endodontics who died of leukemia recently. It was presented by Rear Admiral David M. Lichtman, NHO's commanding officer, during a ceremony that featured keynote speaker, Capt. E. T. Rippert, commanding officer of Naval Dental Clinic, San Francisco.

"The purpose of GPR is to train dentists for isolated duty either aboard ship or other operational assignments such as the Marines or the Seabees," said Cdr. Gregory M. Horning, GPR Program Coordinator. "In other words, beside regular dental training, they are prepared to handle special contingencies such as triage or mass casualties or



(From left), Navy dentists, LTs Steve Milios, Bradley Bourcy and Chester Gauss smile on while LT William Vockroth cuts their graduation cake. (Photo by Andree Marechal-Workman)

emergency treatment situations."

According to Horning, the graduates went through an intensive program that included three dental specialties in addition to Anesthesia, Ear Nose Throat and Emergency Medicine. They were required to take a variety of courses such as Basic and Advanced Life Support, Advanced Cardiac Life Support, Combat Casualty and Operational Force Management, as well as make periodic resuscitation presentations.

Three of the four graduates are headed for billets: Bourcy to the USS Cleveland (LPD 7), Gauss to the USS Ponce (LPD-15) and Milios to the USS Nimitz (CVN-68). Vockroth's next assignment is the Seabees, MCB-133.

Present at the ceremony were some of the satisfied former patients — among them Retired Marine Master Gunnery Sgt. Elmo C. McAuliffe. "Four got to work on me and they did a great job," he said, adding that he wouldn't have missed the graduation for the world.

Dental Corner — Beware of Smokeless Tobacco

By LT Ngoc-Ngung Tran, DC

NAVAL HOSPITAL OAKLAND, Calif. — Use of smokeless tobacco may lead to cancer in the mouth, tongue, cheek, gums — as well as to the larynx, pharynx, salivary glands and the stomach.

Introduced in the 1600s, smokeless tobacco is, today, available as chewing tobacco and snuff. Chewing tobacco is shredded tobacco leaf loosely packed in a pouch or compressed into a compact block form, mixed with licorice and sugar. The most common form of snuff is the

moist type, which consists of particles of tobacco that may be treated with flavors such as mint, menthol or wintergreen.

Between 1970 and 1980, tobacco manufacturers reported a 50% increase in production and sales of smokeless tobacco. Consumption by young adolescents and teenagers is on the rise because of the production of a "youthful sporting image" by many prominent athletes. The habit also provides a sense of identity and strong machismo overtones.

Normally the tobacco is placed inside the lip and kept in contact at the same location all day. Because one of the ingredients of smokeless tobacco is sugar, constant use will often lead to tooth decay. However, nicotine may be even more harmful. Many people use this form of tobacco to "get high" with nicotine without realizing its toxic effects.

The health hazards are two-fold. First, nicotine absorbed into the blood stream can lead to increased heart rate, blood pressure and possibly hypertension.

Nicotine can also interfere with wound healing and, because it increases the level of blood cholesterol, it may accelerate the chance of coronary and arterial disease. Other adverse effects include low birth rate, premature birth, spontaneous abortion and peptic ulcers.

Second, nicotine is very toxic to the cells of the mouth. With repeated use, the area where the tobacco is being placed maybe covered with a wrinkled film streaked with cobweb-like furrows. Other changes in

the oral cavity may include bumps on the gum and multiple bright red dots on the inside of the lower lips.

Discontinuing use of smokeless tobacco may allow these changes to reverse, and lower the risk of developing cancer. However, with prolonged use, the cells will turn cancerous. In the short run, smokeless tobacco may enhance the sense of well-being, reduce anxiety, and produce arousal, but its long term harmful effects far outweigh its usefulness. Kick the habit now! — or later.

Preventive Medicine

By LTJG Corey K. Bain, MSC

NAVAL HOSPITAL OAKLAND, Calif. — Preventive Medicine at Naval Hospital Oakland supports fleet and shore operations within the command. Translated, this means inspections, advice and training in matters of preventive medicine to ship and shore stations, including nine attached branch medical clinics.

The department also provides control and data collection of infectious diseases through surveillance, disease reporting outbreak investigation and education.

The fleet and shore support functions consist of a full spectrum of public health-related technical assistance. Its activities include the following:

- Coordinate and monitor all environmental health services with the command

region.

- Provide technical assistance and conduct inspections or surveys in all phases of environmental health for fleet and shore commands.

- Conduct inspections for all berthing and food service sites, as well as special facilities such as swimming pools, recreations areas, barber and beauty shops, fire stations, piers and other areas of public health significance.

- Inspect water supplies, sewage, refuse disposal facilities and medical waste.

- Inspect and monitor subsistence items to ensure fitness for human consumption.

- Coordinate submission of food, water and dairy specimens to an appropriate laboratory for analysis.

- Review plans for new construction or alteration to ensure compliance with sanitary standards.

- Monitor pest and disease vector control programs.

- Maintain hypodermic jet injector immunization equipment and provide mass immunization programs.

- Conduct required quarantine and rodent inspections on all ships and aircraft as necessary.

- Coordinate matters of international and domestic quarantine with appropriate military and civilian health authorities in accordance with Secretary of the Navy Instructions 6010.2 and international health regulations.

- Coordinate and perform epidemiological evaluations and consultative services to

fleet and shore commands.

- Collect and maintain statistical information regarding communicable disease distribution throughout the region.

- Investigate disease outbreak in active-duty personnel and their dependents.

- Prepare disease alert reports and other epidemiological reports.

- Monitor sexually transmitted disease (STD) control programs, assist in STD education and conduct STD contact investigations.

- Monitor the immunization for hepatitis B, rubella and tuberculosis control programs.

- Provide counseling and education to HIV positive personnel and others interested in the Navy HIV program.

September 1990

Red Rover

Oak Knoll in Brief

Compiled by Melinda S. Bernard

Security Update

Keller Gate will now be open from 6 to 8 am and 3:30 to 6 pm, Monday - Friday. Pass and Decal will operate Monday - Thursday, 7:30 am to 3 pm, Friday, 7:30 am to 1 pm.

Spiritual Corner

• Each Tuesday, the Catholic noon mass, will be celebrated in honor of our personnel with the Marines and those onboard the Mercy.

• Prayer Chain Organizing. The Pastoral Care Service is organizing a prayer chain to pray for patients and members of this command wherever they may be. If you would like to be part of the prayer force of Naval Hospital Oakland, please contact the Chaplain's office at 633-5561.

Temporary Move

• Staff Records — Effective Thursday, August 23, 1990, the Staff Records Branch of the Outpatient Records section will be located in the Patient Administration Department of 5 West in Room 5-58-W36. The telephone number will be 633-6893. This temporary move has been necessitated by P-122 construction in the Outpatient Records Section. We apologize for any inconvenience.

• Due to temporary construction and related safety hazards in Outpatient Records, patients should not be routinely sent to obtain records before prescheduled appointments. If a patient arrives for an appointment without a record, please call ext. 3-5168 or 3-5169. Outpatient Records will attempt to deliver individual records as necessary. Further notice will come as construction is completed.

• Macrocomputers needing reclassifying: If you have computer equipment (other than microcomputers) needing relocation, you must submit a memorandum to Systems Division, Management Information Department, requesting the equipment be moved. The memo should be sent as soon as you know where and when you will be moving. Include the name of the computer system you use (TRILAB, TRIPAS, etc.), type of equipment (terminal, printer), device numbers, room and floor numbers where the equipment is currently located, room and floor numbers where the equipment is relocated, when and where you want it to be. Please be aware that Management Information Dept. has no additional devices. This reminder is directed to those groups with existing equipment.

1st Class Petty Officers Meeting

There will be a 1st Class Petty Officers Association meeting at the Consolidated Club on Wednesday, September 19 at 11:30 am. For further information contact HM1 Suzanne Black, ext. 3-5083-5089.

Transportation Alterations

• Unused Airline Tickets — If your leave/travel plans were temporarily placed on pause due to the military alert, it may be possible to receive full refund or obtain non-penalized reticketing for non-refundable airline tickets. To aid you in obtaining these refunded tickets, an official letter has been prepared which can be obtained at the Quarter Deck or Military Personnel. For further information contact: the airline, Special Assistance Travel Organization (SATO), or Chief Petty Officer Sean Scott at Military Personnel, ext. 3-6018.

• Transit Bus Pass fare rates are increasing as follows: LOCAL ADULT \$35.00. YOUTH \$18.00. SENIOR/DISABLED \$6.00 (one pass)

Morale, Welfare & Recreation

• Immediate Openings: Waitperson, dishwashers and bartenders — apply in person at Club Knoll, Mon. - Fri. 3 to 5 pm. Ask for Cindy.

• Special Service Tickets/Tours Office (AOAN Harkless 3-4516) now has no-extra charge passes for: Disneyland one-day/two-day passes, Magic Mountain, Universal Studios, Sea World, Great America and Marine World Africa USA. Office hours are Mon. - Fri. 9 am-5 pm.

• Interested in Windsurfing? Special Services now has Windsurfing package available.

Navy Relief Society Course

Ms. Deanna Allee, a Field Representative from Navy Relief Society Headquarters will be the instructor for the Navy Relief Course at NAS Alameda September 17-21 at the Bachelor Officers Quarters Conference Room, Building 17 from 9 am to 12 noon.

Oak Knoll "Ombudspeople" and what they do for you

NAVAL HOSPITAL OAKLAND, Calif. — Oak Knoll's "ombudspeople" Denise Allshouse, Sandy Carman, Alice Pool and Jane Timoney are receiving a lot of phone calls these days. The calls come from the families of military personnel deployed to the Mercy and with the Marines.

And if they don't know the answer to questions raised, they'll soon find someone who does.

"In the beginning we were getting ten to 14 calls a day, mainly about pay and power of attorney," said Timoney. "Now it has dwindled to about two or three a day, with questions about mail being the most common — wives wonder why they're not getting letters, or families want to know about the ship's movement.

"Of course, we can't tell them the ship's whereabouts and there are questions we can't answer, but we do all we can to make their lives easier."

When they can't help directly, the "ombudspeople" refer calls to the Family Service Center (FSC) at Alameda Naval Air Station, to Navy Relief or to the American Red Cross.

According to Timoney, the Red Cross can send messages in case of birth or life/death emergency, while

Navy Relief provides loans and grants for needy people; for example, someone who is running into problems with direct deposits.

FSC offers a multitude of support services such as proactive educational programs for job-hunting military wives and husbands, information and referral and individual family and group counseling.

"Those services are FSC's whole reason for existence, they're offered all the time," said Ross Tyler, FSC's deputy director. "However, at this time, we're making sure the sea service personnel affected [by Desert Shield deployments] are aware of our programs."

The Ombudsman Program was established to provide a communication channel between the commanding officer and families of military personnel.

"Many 'ombudspeople' describe their role as similar to that of a command master chief (CMC), said Command Master Chief Michael L. Stewart, who is their liaison with the command. "The CMC is a link between the enlisted personnel and the commanding officer (CO); the ombudspeople are a link between the families and the CO."

For the hospital's CO, Rear Admiral David M.

Lichtman, communication is an all-important component of the "ombudspeople" mission. "Communication is one of the things that alleviates the anxiety for the [deployed] personnel and the families they left behind," he said. "Even during the Mercy's humanitarian mission [to the Philippines in 1987], one of the crew's complaints was lack of information. It was amazing, every week or two, each time they received a newspaper, they wanted to know what was going on at the hospital; they wanted to know what was going on at home just as much as their families did."

To respond to the communications need, Lichtman authorized the establishment of a *Care Line*, a mechanism whereby he sends periodically updated messages for the Mercy's crew and their families, and where families can leave messages.

According to Timoney, the command is also working on the following:

- A newsletter for dissemination to deployed personnel and their families.

- A puppet show for the children.

- A picnic which will be held Oct. 13. It will be video taped and copies will be sent to the Mercy.

Care Line message from the commanding officer

This Labor Day weekend, the USNS Mercy arrived in the Philippines. After some much needed liberty for the crew and after minor repairs to the ship, the Mercy set sail on September 3. It had been raining nine inches a day for two days in the Philippines.

For up-to-date information on the Mercy, Naval Supply Center Oakland, can be

contacted at 1-800-541-8906 or at 1-415-302-6896. Many of our folks with the Marines are still in Camp Pendleton; they are being treated well and their morale is high. For updates on Operation Desert Shield, CNN has established a toll-free information line at 1-800-336-4590.

If there's anything this command can do for you, please let us know by contacting the Oak Knoll Care

Line at 633-5566. Our command "ombudspeople" are also standing by to help. They can be reached as follows: Denise Allshouse at 430-8303, Sandy Carman at 632-7604, Alice Pool at 391-2799 and Jane Timoney at 635-3667. Mike Stewart, the command master chief, can also be reached at 633-5324.

We all wish for the speedy return of our loved ones.

REMEMBER CFC-1001

1001 ways to help the Sea Cadet Corps

The Naval Sea Cadet Corps (NSCC), a federally chartered non-profit youth training organization, has been approved for participation in the 1990 Combined Federal Campaign and has been assigned the national code "1001".

The NSCC serves American youth by providing instruction and practical experience in seamanship skills, and by instilling in the nation's young people the qualities of good citizenship and patriotism. No other youth training program better equips today's young men and women for the challenges of tomorrow.

You can assist in this most worthwhile endeavor by entering the number "1001" in the appropriate block of the CTC pledge card.

Serving American Youth



Correction to Nutrition Notes Red Rover issue of August 3rd

Part of the text was inadvertently left out in the first paragraph of last Red Rover's Nutrition Notes. Starting with the 12th line, the Notes should have read, "...An adequate diet is essential to peak athletic performance because the foods we eat break down into nutrients which fuel the body, build muscle mass and control muscular contractions..."

Civilian jobs available

Position Title	Service Grade	Location	
Industrial Hygienist	GS-690-7/9/11	Various locations	OC
Physical Science Aid	GS-1311-4	Navy Drug Scr. Lab	OC
Physical Science Tech	GS-1311-4/5	Navy Drug Scr. Lab	OC
Physical Science Tech	GS-1311-5/6	Navy Drug Scr. Lab	OC
Health Technician	GS-640-4/5	Various locations	OC
Secretary (Typing)	GS-318-4/5	Various locations	OC
Medical Clerk	GS-679-04	Various locations	OC
Clerk-Typist	GS-322-3/4	Navy Drug Scr. Lab	OC
Medical Clerk (Typing)	GS-679-3/4	Various locations	OC
Claims Clerk (Typing)	GS-998-04	Patient Admin.	OC
Clark-Typist	GS-322-3/4	Various locations	OC
File Clerk	GS-305-3/4	Various locations	OC
Facilities Engineer	GS-801-11	Facilities Mngmt.	OUF
Supvy. Nurse Speciliast	GS-610-11	Occup. Health	Mar 12
Nurse Practioner (Family)	GS-610-9/11	BMC, Mft. Fld.	90-OUF
Medical Technologist	GS-644-7/9	Laboratory	OC
Medical Technician	GS-645-07	Laboratory	OC
Laborer	WS-3502-03	Housekeeping	Mar 13
Word Processing System	GS-303-05	Word Processing	90-OUF
Operator (Typing)			Mar 13
Clerk-Typist	GS-322-05	Laboratory Dept.	90-OUF
			Mar 16
Vocational Nurse	GS-620-05	Nursing Service	90-OUF
			Mar 16
Laboratory Worker	WG-3511-05	OR Nursing/CSR	90-OUF
			Mar 16
Medical Technoligist	GS-644-11	Laboratory Dept.	90-OUF
			Mar 30
Physical Science Technician	GS-1311-7	Navy Drug Scr. Lab	Mar 16/90-OUF
Medical Technologist	GS-644-7/9	Navy Drug Scr. Lab	Mar 19/90-OUF
Credentials Coordinator	GS-303-7	Quality Assurance	Apr 10
			90-OUF
Procurement Clerk (Typ)	GS-1106-4/5	Supply Dept.	May 14
			90-OUF
Physicians Assistant	GS-603-11	Internal Medicine	Jul 6/90
			OUF
Supply Clerk (Typing)	GS-2005-5	Supply Dept.	Jul 27
			90-OUF
Education Specialist	GS-1710-11	Naval School	Jul 27
		Hlth Sci	90/OUF
Contact Rep. (Typ)	GS-962-5/6	Patient Admin.	Jul 20/90
Contract Specialist	GS-1101-11 (2pos)	Contracting Dept.	Jul 27
			90-OUF
Contract Specialist	GS-102-7/9	Contracting Dept.	July 27
			90-OUF
Lead Health Tech.	GS-640-06	BMC Alameda	Aug 10/90
			OUF
Staffing Assistant (Typ)	GS-203-6	Civilian Personnel	Aug 24
			90-OUF
Personnel Clerk (Typing)	GS-203-4/5	Civilian Personnel	Aug 24
			90-OUF
Clerk-Typist	GS-322-03	Civilian Personnel	Aug 24
Work Request Clerk (Typ)	GS-303-4	Facilities Management	Sep 3/90-OUF
Medical Record Librarian,	GS-669-10	Medical Record Library	Sep 6/90-OUF
Computer Operator	GS-332-5/6	Management Information	Sep 6/90-OUF
			Sep 6/90-OUF
Cashier	GS-530-7	Fiscal	Sep 5/90-OUF
Computer Assistant (Typ)	GS-335-5	Management Information	Sep 5/90-OUF

Civilian Corner

• Civilian Pay Day

For those civilian employees who are concerned about a change in pay day, Civilian Personnel advises there's no cause for worry — they are just now advising the unions, and will have more to report once the rumor has become fact.

However, they want to make sure those employees realize that, although their October pay check may be delayed, they will not lose any pay. In any event, according to Sydney Santos, Personnel Management

specialist at Naval Hospital Oakland, they will be advised well in advance.

• Leave for Civilians

No one wants to loose their leave at the end of the year, so schedule whatever "loose leave" you have now. If you are unable to use your annual leave between now and the end of the leave year which is January 12, 1991, because of a mission related emergency, please call Mrs. Penny Becchio at 633-6374 for advice.

• Leave Donation Need

Mr. Kenneth Wylie who

works in the Supply Department has exhausted his leave as a result of surgery.

Mr. Reatty Astar, employee who works in the Food Management Department needs donated leave for an hospitalization period of approximately one month. He is a recent civilian employee, and does not have enough sick leave to cover his illness.

If you would like to help, please call Penny Becchio at 633-6374 for more information.

Just for fun

By Jim Brackman, Senior Computer Specialist, Information Resource Center

How would you like to write your very own program? Well here is a program that every one would like to have. Lets call this program "Mortgage Calculator." This program is written in BASCI, which is located in the Sub Directory called Bin on your harddrive. If there is a problem locating BASIC, call the IRC Folk's at 633-5835. First of all we need to type this program with our word processor, and name it Mortgage, so lets get started and type each line as it appears.

```

10 CLS: PRINT "Mortgage Calculator"
15 PRINT "Use '0' for the amount you want fo find."
20 INPUT "Amount of Loan: " ;P
30 INPUT "Number of Payments: " ;M
40 Input "Amount of Payment: " ;M
50 Input "Interest Rate: " ;A
60 A=A/12
70 X=((N/(P+.1)*M)^(2/(M+.1))-1)*((A=0)*-1)+1+A/100
80 A=X-1: V=(1-X^N)/A+((N=0)*-1)
90 P=P+M*V*((P=0)*-1): M=M+P/V*((M=0)*-1): B=P/M
100 N=N-((N=0)*-1)*LOG(1-A*R)/LOG(X)
110 FOR K=1 TO 5: X=X-(X^N-1+R*A)/(R-N*X^(N+1))
120 A=X-1: NEXT
130 PRINT: PRINT "LOAN AMOUNT: " ;P
140 PRINT "TERM: " ;N
150 PRINT "PAYMENT AMOUNT: " ;M
160 PRINT "AMOUNT INTEREST RATE: " ;(A*1200);"%"
```

Before quitting, you must remember to save "Mortgage" as an ASCII file. How to save a file to ASCII? Example, if you type this program using ENABLE's word processor, press the function key F10, choose the save option, then select change options, press the letter "A" for ASCII then name the file as "MORTGAGE.BAS", and select exit to dos. Copy this program to the sub directory where the BASIC program is located. Example: Copy MORTGAGE.BAS to \bin.

To start the mortgage program you would type BASICA MORTGAGE.BAS and then press the enter key. Basic will load the Mortgage program into memory and ask you four questions.

1. The amount you want to borrow?
2. The number of months to pay off the loan? hint "360" equals 30 years, "160" equals 15 years.
3. The amount of each payment?
4. The annual interest rate of the loan.

Enter a zero for a value you want to find. Number 3 is a good example to type a zero in. To quit basic type SYSTEM and press the enter key.

Bay Area CFC kicks off

Once each year federal employees are asked to open their hearts and their pocket books to help those less fortunate during the Combined Federal Campaign (CFC). It only takes a few minutes walking around the streets of our cities, watching the evening news on television or reading the newspapers and magazines to see that human needs are at an all time high these days while funding for services and assistance seems to be shrinking.

The CFC is your opportunity to return something to your community and your fellow human beings. The dollar you donate could be

the dollar that pays the researcher who discovers a cure for cancer or for some other devastating disease. Your donated dollar could be used to feed a starving child, or to provide shelter for a homeless earthquake victim. You might choose to spend your dollar to help save our troubled environ-ment which is suffering from prolonged abuse. There are more than 850 worthy organizations you can choose to support with your charitable contribution.

Federal employees in the San Francisco Bay Area have traditionally been very generous with their contributions. In fact, last

year you and your co-workers gave the highest per capita average gift in the country. This year, with mounting needs waiting to be addressed the CFC has chosen the theme: "Do It Again, Plus \$10." We are asking each person to give the same annual contribution they gave last year plus ten dollars.

"If everyone gives what they gave last year plus ten dollars we will reach many of the people we couldn't help before," said Paul Barker, this year's CFC Chairman. "There are so many who need and deserve our help. Won't you please give."

Sports Corner

• Lifeguards needed at NHO Swimming Pool. Applicants must be certified. If interested, please contact Mr. Ron Brown at ext. 3-6450. (Times available are as follows: Monday-Friday and weekends 11 am to 7 pm.)

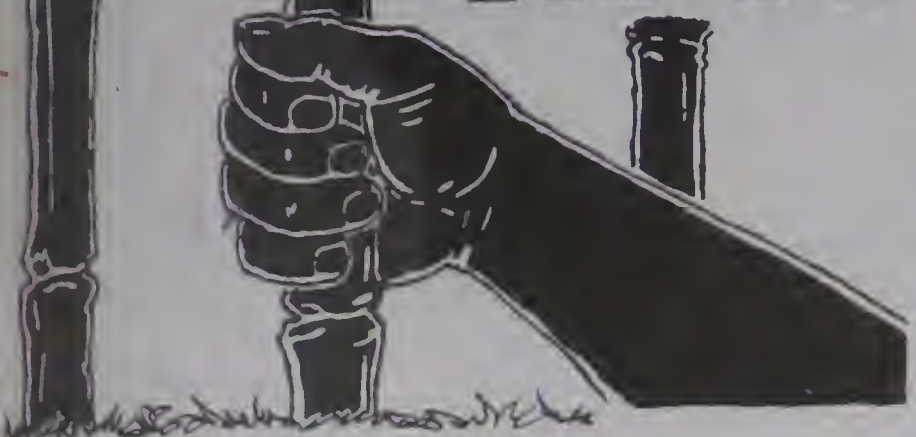
• Men and Women Swimming Championships will be held at the Mare Island Naval Shipyard in Vallejo, CA on Saturday, Sep 22. Interested active duty personnel should contact Mr. Ron Brown.

• Rifle Championships The Central Pacific Sports Conference Rifle Championships will be held on September 8 at the Marine Corps Rifle Range, Mare Island Naval Shipyard in Vallejo, CA. Interested Personnel should contact: Mr. Ron Brown.

September 1990

Red Rover

POW MIA



Recognition Day, Sept. 21

A chance meeting in a barber chair at Naval Hospital Oakland brings together war prisoners from different times and places. Navy Cdr. Richard A. Stratton (left) spent over six years in a North Vietnamese prisoner of war camp. His barber, Israel Nadjari, spent the last three years of WWII in a Nazi concentration camp. After the two compared experiences, Stratton noted that while 95% of American prisoners were tortured by the North Vietnamese, a like percentage of captive Jews were executed by the Nazis. (Official Navy photograph)



POW/MIA Museum keeps memories alive

By Sharron Norrod

WASHINGTON, D.C. — With POW/MIA Recognition Day upon us, it's important to reflect on the 2,400 servicemen still missing from the Vietnam War. One way of remembering these men and the sacrifices they made is to visit Recruit Training Command San Diego's POW/MIA Museum. The museum, largest of its kind in the United States, provides a chance to see how POW-MIAs survived during World War II and the Korean and Vietnam conflicts.

Curator Chief Warrant Officer Michael A. Clark got the idea for the museum while working in Recruit Training Command (RTC) Recruit Affairs four years ago. "I was reading a book by Jeremiah Denton and laid it down while I went to lunch," Clark recalled. "When I came back, a recruit was looking through the book and said, 'I didn't know we had POWs in Vietnam.' I couldn't believe what he was saying."

Clark did a diagnostic survey of 1,000 recruits to find out how much they knew about Vietnam. "Less than 1 percent could answer any questions on the survey," he said.

After discussing the issue,

POW/MIA Recognition Day

NAVAL HOSPITAL OAKLAND, Calif. — In March 1973, Naval Hospital Oakland processed some 20 Vietnam prisoners of war and gave them a hero's welcome. "It was nice to be on the happy end instead of the sad part," reflected Lt. Cdr. Alison L. Mueller.

Mueller, who was in charge of the hospital's Emergency Medical Training before she was deployed to the Mercy on August 15, was nicknamed "Welcome Nurse" at the time, and went to Travis Air Force Base to greet the happy group.

The March 23 and April 6, 1973's issues of Oak Leaf, celebrated the event with exclusive interviews and photographs. The photographs reproduced here keep memories alive and remind Americans that 2,400 servicemen are still missing from the Vietnam conflict.

his commanding officer told Clark to see what he could do, and what started out as a project to teach recruits about the Code of Conduct grew into the POW/MIA Museum.

From 45,000 to 55,000 families a year visit RTC to attend graduations, and more than 300,000 people have visited the museum. Today the museum contains many of the gifts Clark was sent by families of missing men and returned POWs.

Visitors recognize an aura of serenity as they enter the museum. The first items they see are cigarette papers used by Marine Col. Felix Ferranto, a POW in Korea. During his two-and-a-half year imprisonment, he wrote down the names of everyone he came into contact with. If someone died in captivity, he put a square around his name. To save the papers, he emptied a shaving cream tube, re-inflated it and placed the papers inside.

After his escape, Ferranto gave the papers to the Pentagon Intelligence Department, and some of the men previously declared killed or missing in action were shown to be alive and in captivity. Telegrams to Ferranto's family notifying them of their son's capture

and his eventual release are also displayed.

A photograph of retired CDR Harry Ettinger, then a Lt. j.g., whose name appears on the cigarette papers, is displayed along with his shot card. The shot cards were the North Korean's way of convincing the world that they were giving prisoners proper medical treatment.

A large display is devoted to the Bataan Death March. During this World War II forced march of 70,000 American and Filipino POWs, Japanese soldiers decapitated or shot down prisoners who stumbled or tried to help a friend. Starting out from the Mariveles, on the southern end of the Bataan Peninsula in the Philippines, on April 9, 1942, they were force-marched 55 miles to San Fernando. From there, they were taken by rail to Capas, and they walked the final eight miles to Camp O'Donnell. Only 54,000 reached the camp; nearly 10,000 died on the way and the rest escaped to the jungle. Deprived and malnourished for the remainder of the war, the survivors developed heart problems, diabetes and eating disorders which followed them the rest of their lives.

The photograph at left shows the way U.S. Air Force Col. Charles E. Shelton looked when he was shot down in Laos. The photo on the right is an artist's conception of what Shelton probably would look like today. Shelton is the only American officially listed as a POW held in Southeast Asia. Photo by Sharron Norrod, NTC San Diego Public Affairs Office.

Fearing something would happen to him, World War II prisoner Army Cpl. Ben Steele passed pictures he had drawn to a chaplain. Steele survived the sinking of a transport the Japanese had placed him in, and his pictures were safely held on another ship by the chaplain. The drawing provided a history of Japanese maltreatment of prisoners, and were later used as evidence during the war trials.

Also on display in the POW/MIA museum are:

- The uniform of CDR Lloyd M. Bucher, commanding officer of the intelligence ship USS Pueblo, the only ship surrendered in Navy history. The uniform is the one worn by Bucher upon his release after 11 months in captivity.

- The Japanese proclamation of authority given to prisoners, one of the most important pieces of evidence used to convict Japanese Gen. Hideki Tojo.

- The Smitti Harris tap code, used by POWs in Vietnam by tapping on a tin cup. Eventually, Jeremiah Denton adapted the code to be used by sniffing, coughing, sneezing, sweeping — any way possible.

- A cup and tin spoon used by prisoners to communicate. The cup was placed

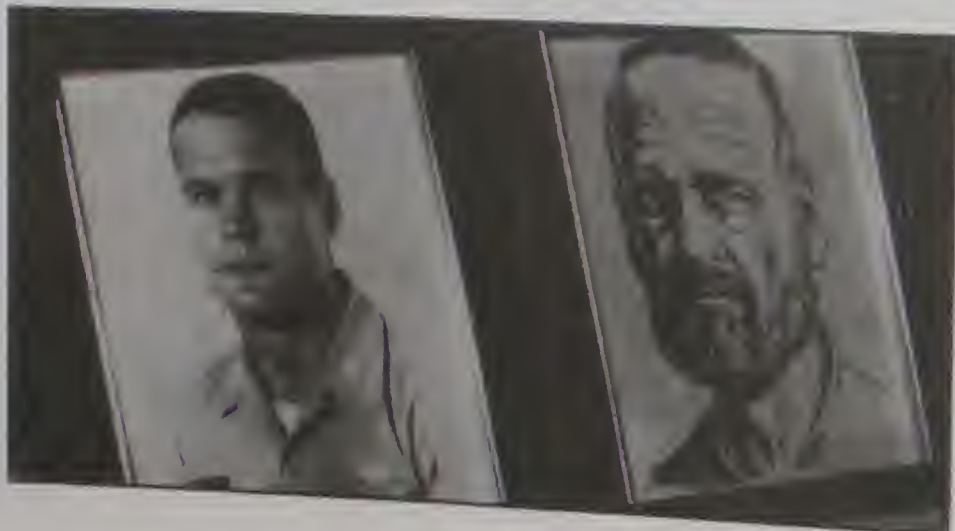
against the wall to serve as a speaker by amplifying the sound, and the spoon tapped against the cup. Some prisoners got so good at this system that they could actually tap code as quickly as they could speak.

- A bracelet fashioned from a canteen cup and hammered out with hand tools by an unidentified POW who died in captivity after surviving the Bataan Death March.

- A picture of a man watching under a door for shadows so he could alert fellow prisoners to stop communicating when a guard approached.

- A flight suit worn by Air Force Col. Charles E. Shelton, the only American still listed as a POW in Southeast Asia. Also included are a photo of his appearance when shot down and an artist's conception of what he might look like today.

- The newest additions to the museum are a Blue Angels leader flight jacket worn by CDR Harley Hall, the last pilot shot down over Vietnam (48 hours before the Paris Peace Accords) and various mementos, including the I.D. card of Air Force Lt. Col. Michael J. "Bat" Masterson, shot down Oct. 13, 1968.



Naming of the Red Rover

By Andree Marechal-Workman

The battle of New Orleans was raging. Canons were roaring, the crackling of exploding shells was deafening.

All at once the pandemonium broke. Silence crept over the landscape and faint echoes of children chanting could be heard in the distance, "Red rover, red rover...let Abigail come over...red rover...come over...verrrr." The battle was over, the Federalists had won, and southern ships were being seized.

When the Union Army captured the river steamer, Red Rover, from the Confederacy at New Orleans in April 1862, the U.S. Navy acquired more than its first hospital ship. It acquired the inspiration for the name of the base newspaper for one of its best medical facilities — Naval Hospital, Oakland.

According to Navy historical records, the Red Rover was the marvel of her time — a genuine floating palace for the wounded —

and it is fitting that her name should be associated with a very special place of our time — Oak Knoll Naval Hospital in Oakland, California.

"She is decided to be the most complete thing of the time that ever floated and is (in) every way a decided success," wrote Captain Wise, Assistant Quartermaster of the Red Rover in 1862. "She has bathrooms, laundry, elevators for the sick from the lower to upper deck, amputating room, nine different water-closets, gauze blinds to the windows to keep the cinders and smoke from annoying the sick, two separate kitchens for the sick and well, a regular corps of nurses..." And, unlike contemporary hospital ships, "she was armed with a 32-pound gun," according to *Navy Ship's History* records.

Red Rover was built in Port Girardeau, Missouri in 1859. The origin of its name is unknown; however, a popular nautical tale about the American Revolutionary War entitled *Red Rover*

provides an important source of speculation. Written by James Fenimore Cooper in 1827, it draws upon seafaring folklore, and concerns a friendly buccaneer — someone Warren S. Walker calls "a hero villain...an American revolutionary born several decades too soon."*

According to Walker, at the time "...American readers responded readily to tales of buccaneering for the subject had become entwined with the history and legend of the new nation." How tempting it is, then, to see the builder of the Red Rover as a patriot — as Cooper's fervent admirer, who named his ship in homage to a contemporary hero.

After its capture from the Confederacy, Red Rover was transformed into a fully equipped medical facility and attached to the Navy with the Western Gunboat Flotilla in October 1862.

Commissioned on December 26, it carried a crew of 12 officers, 35 enlisted, about 70 medical personnel and is

distinguished as having had the first female nurses (and the first black nurses) serving aboard — Sister Angela and her nuns from the order of the Holy Cross.

Red Rover's Civil War service history is one of steady diligence. She sailed up and down the Mississippi River while a staff of dedicated medical personnel cared for the casualties.

Navy Ship's History records that, in 1863, Fleet Surgeon Ninian A. Pinkney made the Red Rover his headquarters ship. "...From her flowed the orders, correspondence, pleas and action of this remarkable man as he overcame the many difficulties and problems obstructing the best care and interest of the Navy sick and wounded of the Mississippi Squadron," the *History* tells us.

Meanwhile, the gallant ship continued her mission of mercy. She reached Mound City, Illinois in December 1864 — her mooring site until her last day of service

on November 17, 1865.

Stripped of her gun and ironplate, Red Rover was sold at public auction in Mound City for \$4,500.00.

And so ends the saga of the Red Rover. But she is not forgotten. She lives on in the consciousness of the men and women of the U.S. Navy who know of its history. She may live on in American literature; in English children's folklore and the Red Rover tug of war chant.

But, most of all, she lives on in the pages of Naval Hospital, Oakland's newspaper, our own Red Rover.

*James Fenimore Cooper, *Red Rover, (Tales of the Sea)*, U. of Nebraska Press, 1963 (Library of Congress Catalog#63-14695), with Introduction by Warren S. Walker

(Editor's note: Published in the first issue of the command newspaper, this article explains why Red Rover was selected for its title. It is reprinted here for the benefit of all newcomers to Naval Hospital Oakland and its subordinate clinics.)

CNO addresses fleet on Middle East crisis

(From ADM Frank B. Kelso II in "Navy News This Week," taped Aug. 13, 1990.)

WASHINGTON (NES)... "Today, Navy forces are on station in the Persian Gulf, Arabian Sea and Red Sea to help stabilize the Arabian Peninsula in the wake of Iraq's invasion of Kuwait. More ships are en route. As our president has said, America's vital national interests are at stake.

"This is a crucial time in our country's history, and the Navy's role is extremely important. This effort will affect the security and economic health of the entire world. I know our people are ready and fully capable of carrying out their mission. We cannot predict how long this mission will take, but we expect there will be some disruption of our OpTempo and PersTempo goals. It's important that our sailors and their families know that we will make every effort to minimize the effects of this disruption on individual ships. It will take some time for the deployments associated with this contingency situation to stabilize and we will return to the 50 percent PersTempo at the earliest possible time.

"Part of our shared burden will be a reduction in capability at some Navy hospitals. Today Navy doctors, nurses and corpsmen are en route to the Middle East in our two hospital ships, the *Comfort* and the *Mercy*. Their mission is to assure our sailors, Marines, soldiers and airmen have ready-access care should conflict erupt. Because these medical personnel were drawn from Navy facilities on both coasts, it is unavoidable that there will be at least a near-term reduction in available care. We are working hard to minimize this hardship on our families and to find ways around shortfalls in availability.

"To our sailors involved in this operation, I want you to know the American people are behind you, and your company's leadership is behind you. I am proud of every one of you, and I am proud to be your CNO. To our Navy families, I am grateful for your support, and I want you to know that the chain of command and our family service network are ready to help you any way possible. We can be proud of our Navy men and women. They are out there doing what they do best, standing tall for freedom!"

Operation "Desert Shield:"

U.S. commitment on the move

WASHINGTON — In a speech from the Pentagon steps Aug. 15, President Bush described the U.S. commitment to the Middle East in Operation "Desert Shield" as the "key not just to the functioning of this country, but to the entire world."

"Our jobs, our way of life, our own freedom and the freedom of friendly countries around the world would all suffer if control of the world's great oil reserves fell into the hands of that one man, Saddam Hussein," the president said to 2,000 DoD personnel outside the Washington Military Headquarters building.

The emotionally-charged speech defended the largest projection of U.S. Naval, Land and Air Power since the Vietnam War, and signaled that the nations of the world would work together to "ensure that no goods get in — and not one drop of oil gets out," of Iraq. "The American people are with us, the Congress is with us, our allies are with us and the vast majority of the Arab people are with us," the president added. "No one should doubt our staying power or determination."

That determination became evident with 313 U.S. Navy ships and submarines reported under-way around

the world as of Aug. 17, and 26 ships from the Military Sealift Command (MSC) deployed to provide necessary equipment and supplies in support of U.S. forces.

U.S. commitment deepened with an Aug. 16 announcement that U.S. Naval Forces in the Persian Gulf region would "intercept" commercial shipping to or from Iraq and Kuwait to enforce the U.N.'s economic sanctions against Iraq. Navy personnel are now allowed to board and search cargo ships and tankers bound for Iraq, taking them into custody if necessary. The guided missile cruiser USS *England* (CG 22) and guided missile frigate USS *Robert G. Bradley* (FFG 49) intercepted two Iraqi coastal ships in the Persian Gulf Aug. 17, but the ships were empty and were not boarded.

The interception of Iraq-bound shipping will be enforced by Naval forces in the Red Sea, Gulf of Oman and as well as inside the Persian Gulf. The order followed a request by the government-in-exile of Kuwait to ensure that the economic sanctions were enforced. Kuwait asked the U.S. to act as coordinator of the ships participating in the multinational effort.

"We're making history

here today," he said, noting that his force had steamed from its Diego Garcia anchorage in record time. Clarey said he was getting tremendous use of Saudi commercial facilities, which he described as "one of the most modern ports in the world." Under the MPS concept, the Military Airlift Command (MAC) is flying Marines to staging areas in Saudi Arabia, where they will marry-up with their equipment and weapons. The Marine Amphibious Brigade can operate without outside assistance for 30 days, Clarey said.

Speaking to marines embarking in USS *Pensacola* at Morehead City, N.C., Aug. 17, chairman of the joint chiefs of staff Gen. Colin Powell said he wanted... "to let them know that we're thinking about them, we love them, we're going to take care of their families and will do everything we can to see they get what they need to do whatever job they may be called upon to do." Asked by reporters how he hoped to inspire departing leather-necks, Gen. Powell said they were inspired to begin with. "They don't need a four star army general to come down to inspire them," Powell responded, "They inspire me."

Civilians help bridge
the gap

Page 11

Bravo Zulu
Mrs. Beaulah King
Civilian of the Quarter

Naval Hospital's
New Chief Petty
Officers

RED ROVER

The Navy's first commissioned hospital ship



Volume 2, Number 16

Naval Hospital, Oakland 94627-5000

October 1990

Reserves to the Rescue

By Andree Marechal-
Workman

NAVAL HOSPITAL OAKLAND, Calif. — As the second wave of Oak Knoll sailors were boarding planes headed for the Philippines, a steady stream of Navy reservists were reporting onboard.

Many had been drilling in Oakland regularly, while others came from as far away as Colorado and New

they'd either held during their active-duty tours, or similar to what they do in their civilian jobs.

Medical Service Corps Capt. George "Dick" Wilson has been in the reserves since 1971 and was called back to NHO because the hospital needed pharmacists. "I am just filling in as a staff pharmacist wherever the need may be," he said. Right now I am visiting all the

crunch of the recall. "Captains make good money as you well know," he said. "Besides, I am not a doctor and don't have the ongoing expense of malpractice insurance that many reserve physicians have."

It is quite a different story for Chief Petty Officer Daniel Sweeney. Currently the leading chief petty officer in NHO's Outpatient Administration Division, Sweeney is a laboratory supervisor at Keweenaw Delta District Hospital in distant Visalia, Calif., where he has to return at least one or two week-ends a month to catch up on paper work.

"We were in the process of marketing the lab in the area and were just beginning to see success when I was called to mobilize," he said, adding the lab is holding his job until he is released [from active-duty]."

The same is true of Hospital Corpsman Brian Johnson who, as a junior enlisted, doesn't earn nearly as much as in his civilian job, where he is in charge of a therapy firm's public relations and workers compensation billing.

"I've taken a 44 percent pay cut," he said, explaining that the finan-

cial problem is compounded by the fact that, as a dermatology technician, he's lost the leadership position he has in civilian life. "It makes it difficult for me because I am used to giving orders, and now I have to take them," he said, admitting he has not run into problems because the hospital staff has been working very hard to make the reservists feel at home and make a smooth transition.

Like Johnson and Sweeney, Petty Officer Third Class Anna Maria Lima worked at Naval Hospital Oakland when she was on active-duty. Unlike them, however, she doesn't miss a civilian job, and she's glad to be back where she was four months ago. In fact, she says she doesn't even consider herself a reservist.

"I'm rather happy to return to the Navy, for I missed it very much. Due to the camaraderie, professionalism, discipline and military structure, my plans are to remain active-duty even after the Iraq/Kuwait crisis is over," she said.

But whatever the hardships they may experience from their recall,

See, RESERVES, pg. 12



HN Brian Johnson cleans the tools he uses when assisting with light dermatology surgery. Johnson, who works for a fiscal therapy firm in Oakland, is glad he was sent to NHO when he was recalled because he was stationed here before and is familiar with the hospital and its personnel. (Photo by A. Marechal-Workman.)

York. But, whatever their points of origin, Naval Hospital Oakland (NHO) was an old stomping ground for many of the doctors, nurses, medical technicians, scientists and administrators who joined its staff for the next 180 days. What's more, the majority slipped into positions

outlying clinics and their pharmacies, checking with their personnel to find out about possible problems they might have."

Unlike some of his fellow reservists, Wilson, who works for a hospital in Denver, Colo., and has his own business, doesn't feel the financial



CAPT Wilson checks prescription drugs in the Pharmacy. Johnson, who is familiar with NHO's Pharmacy, was in Japan for four-and-a-half months before coming back to help a hospital he feels is pretty special. (Photo by A. Marechal-Workman)

From the Executive Officer
Capt. Noel A. Hyde,
MSC, USN



Over 300 naval reservists have joined Naval Hospital Oakland's family in recent weeks. They came from as far away as New York and as close as Oakland. Many are familiar faces who have served here in the past. All are competent professionals who have pitched in to do a superb job of maintaining the command's high standards of excellence.

Some of them are veterans who have already served their country with honor and distinction during past conflicts. Others are college students who are doing their first tour of active-duty after basic training. All knew that they could be recalled at any time if the country needed them, and when the call came, they went to serve gallantly and with pride.

When our friends and shipmates deployed to **Operation Desert Shield**, we all wondered how we would fare with our reduced staffing. The reservists are doing an exceptional job of alleviating our staffing shortfalls. They have stepped in, made personal sacrifices and maintained our high level of quality. If we had a one for one replacement, the hospital services could be maintained at the deployment level.

This year marks the 75th anniversary of the act of Congress that established the U.S. Naval Reserve. They have been called on many times to help their country. We are grateful that they were there when we needed them, and for their dedication, we salute them.

The reservists have demonstrated that we are truly **"one Navy."** To all of them I am proud to say "Welcome to our Family!"

Red Rover

Named after the Navy's
first commissioned hospital ship.

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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Red Rover

OAK KNOLL PERSPECTIVE

From the Commanding Officer
RADM David M. Lichtman, MC, USN



I would like to extend a personal "Welcome Aboard" to the naval reservists who recently became part of our hospital team. You are doing a magnificent job of augmenting our medical staff during Operation Desert Shield. Your arrival and subsequent service continue to distinguish Oak Knoll as a special place.

When the Loma Prieta Earthquake of October 17, 1989 struck the Bay Area, naval reservists were among the first to report for duty at Oak Knoll. You were also at the Cypress freeway collapse, assisting in rescue efforts within hours of the quake and for many months following. The successful Joint Commission on Accreditation of Healthcare Organizations from which we received a three-year accreditation and scored in the high 90th percentile of all hospitals in the country is a direct result of diligent and dedicated efforts by naval reservists assisting the active-duty staff assigned to this command.

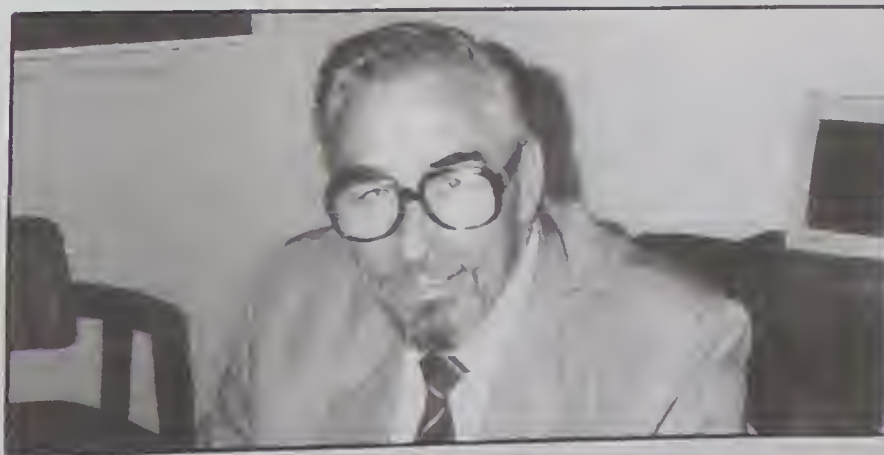
Even before President Bush's executive order, my phone rang with reservists answering the call to volunteer their time in the service of their country. Without your assistance, the USNS Mercy could not have mobilized in three days time. Whether it's nurses drilling during the Same Day Weekend Surgery program, corpsmen performing patient care on wards, or physicians working in the Quality Assurance office, you have been, and continue to be, an essential party of this command.

To all our naval reservists, thank-you for continuing the finest traditions that make this command and this Navy the best in the world. Your willingness and ability to perform above and beyond the call of duty, and at great sacrifice to your personal lives, are commendatory. With your support, we will continue to distinguish Oak Knoll as a special place to be at this unique time in history.

NHO welcomes new PAO

NAVAL HOSPITAL OAKLAND, Calif., — Paul W. Savercool joined Naval Hospital Oakland's (NHO) staff in September, bringing a solid public affairs foundation to the position.

Savercool was Director of Programming for the American Forces



Paul W. Savercool

Radio and Television Network in Seoul, Korea for five years before coming to Oakland.

He was also involved in public affairs with the Department of Interior's Bureau of Land Management as Assistant Alaska State Public Affairs Chief — working primarily with environmental, legal, oil-leasing, the Alaska Oil Pipeline, and numerous other land issues.

He also spent over a decade in Micronesia as a public affairs specialist.

"Speaking from experience, I think the place is terrific," he said about Oak Knoll. "The working conditions are superb and the people are marvelous. The weather is the best I have ever found anywhere in the world. I think I've found a home."

October 1990

From the Command
Master Chief HMCM (SS)
Michael L. Stewart, USN



It's that time of year again — time to shake off the ole dress blues and put the whites away. It seems like every year many of the same questions come up, so I'm going to try and anticipate some of them and answer them here.

Q. When can I remove my tie from my winter blues?

A. While in your work space: any time you leave any building on the base your tie and ribbons MUST be on. You are not authorized to go to the club, exchange, etc. without the tie and ribbons. Any time you remove the tie your ribbons must also be removed.

Q. What are the rules on the new sweater?

A. It is authorized for wear on base and directly to and from work from home. It is NOT authorized off base in public places. Officers wear soft shoulder boards. Enlisted wear no insignia on the sweater. Shirt collars will be worn outside the sweater. Name tags will be velcro-backed leather name tag (2"x4" available at Alameda exchange) embossed with name and rank. Officers and chief petty officers shall have gold lettering, and E6 and below silver lettering.

Q. Have the pewter collar devices for the all-weather coat/windbreaker been discontinued?

A. No. All E4-E6 personnel wear pewter miniature collar devices on the collar tips of the blue windbreaker and the blue raincoat. The eagle faces inboard.

Q. What is the proper length of the womens' skirt?

A. The length may vary from 1-1/2" above to 1-1/2" below the crease of the knee.

If you have a question you would like to see answered in this column, please write it down and drop it off at my office.

I would like to ask each of you to please take a moment and write a card or letter to our shipmates on the Mercy or with the Marines. Addresses are available on the third deck bulletin board. Unless you are deployed and or have been deployed, you don't realize how important mail is. I know they will appreciate it.

October 1990

Captain Hyde is Oak Knoll's New XO



CAPT Hyde discusses the POW experience with CAPT Gordon Nakagawa, a retired naval aviator who was held captive in North Vietnam. Nakagawa was guest speaker at a remembrance ceremony held at NHO on Sept. 21. (Photo by A. Marechal-Workman)

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — Capt. Noel A. Hyde, Medical Service Corps, has fond memories of his five and a half-year tour at Naval Hospital Oakland (NHO), and he didn't think twice when he had the chance to come back as its executive officer (XO).

And while he speaks nostalgically of his early experience in the Philippines and the long-lasting friendships he made there, his tour as a member of NHO's Pharmacy staff is what stands out as the most memorable of his career.

"I am honored to have an opportunity to serve at Oak Knoll a second time," Hyde said, "because I really felt that it was a great place when I was here." He explained that he learned a great deal at the time because the Pharmacy was running Central Supply and he had an opportunity to become involved with other services such as the Operating Room and the various surgical departments. "It's not the largest hospital [at which I served] because I've been at Portsmouth and San Diego, but it's probably my favorite."

According to Hyde, finding people he knew from his previous tour added to the pleasure of coming back. "I knew a lot of people, particularly in the civilian work force," he said. "It was great to see them again and see them doing well. Some had gone up the ladder of civil service and had reached high positions; others were flourishing in whole different fields. And it was great to cross paths a second time with military people I'd known before."

Trained at the University of Florida, where he earned a Master of Science Degree specializing in hospital pharmacy administration, the

native of New Castle, Pa., said he chose the Navy over a commission in the Public Health Service he had been offered because he felt it would present a more stimulating career. He's not been disappointed and served in such notable facilities as San Diego and Jacksonville, in addition to Portsmouth, Port Hueneme and Oakland.

Hyde feels the most challenging part of his new job is to promote cooperation among the hospital staff and to provide the necessary resources for each staff member to perform as efficiently and effectively as possible.

"I really see the role of the XO as the one whose job it is to enable the departments to function as effectively as they can and assist them in doing that," he said, adding that the commanding officer sets the overall policy, but it is up to the XO to execute the policy — "to interface between the directors and help them in the super important job of working together as a team."

Capt. Hyde's immediate goal for the hospital is no different than it's always been: to provide high quality health care to a maximum number of beneficiaries, while supporting Navy physicians' training and, of course, the added responsibility of the USNS Mercy, which has now become an important part of the hospital's mission.

But the new XO's vision for the future is far reaching — to increase health care coverage at this facility and expand its physician training program. "Obviously, with the San Francisco Medical Command (SFMC) managing the care for all the beneficiaries in the San Francisco Bay Area, we can combine NHO's resources with those of the Army, the Air Force, the Veterans Administration (VA), the Civilian Health and Medical Program of the Uniform Services (CHAMPUS) and become the hub of health care, providing for everyone who lives in the area," he said.

"What I want to do is see that our beneficiaries are provided with whatever care they need in the most convenient way, in the most compassionate way, and at the least cost to them," he added.

What's more, he said this increased service would be carried out with the same level of excellence validated by the Joint Commission on Accreditation of Healthcare Organization (JCAHO), even with the recent exodus created by Operation Desert Shield deployments.

Capt. Hyde came to Oakland from Naval Medical Clinic, Port Hueneme, where he was the commanding officer since 1987. He is married to the former Linda Lewis, previously of Dallas, Texas.

World Renowned Surgeon Serves at Oak Knoll

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — Captain Daniel Benson, Medical Corps, finds his recall to active-duty a difficult situation right now, but if he had to be mobilized, he's glad he was sent to Naval Hospital Oakland (NHO), where he has many friends and colleagues in the Orthopedic Department.

"I know there's not a place where I could be better off than here," he said, explaining it was the timing of his recall that made it difficult. He'd just returned from a year's sabbatical at Johns Hopkins University in Baltimore when he learned he was activated, and he said it was a blow because he'd been looking forward to being home with his family.

"But to know that I was coming here made it a bit easier because it's a nice hospital with a good group of people," he said. "And it helped to know [Rear]

Adm. [David M.] Lichtman and [Capt.] Herb Alexander because they are good doctors."

Benson, who is a professor of Orthopedic Surgery and Chief of Spine Surgery at the University of California, Davis, Medical Center in Sacramento, has been a consultant at NHO since 1978 — when Adm. Lichtman, the hospital's commanding officer, was the Chairman of the Orthopedic Department.

"I do a lot of complicated spinal surgery," he said. "So I come down and help and, on occasion, if a spine surgeon isn't available I do the case with someone else."

But what Benson likes most about his consulting is the exchange of ideas — the monthly conferences he attends, during which surgeons present and discuss their pre- and post-operation cases. "My ideas are completely different," he said, "and discussing them with different [physicians] gives new insights,

new ways to look at a problem."

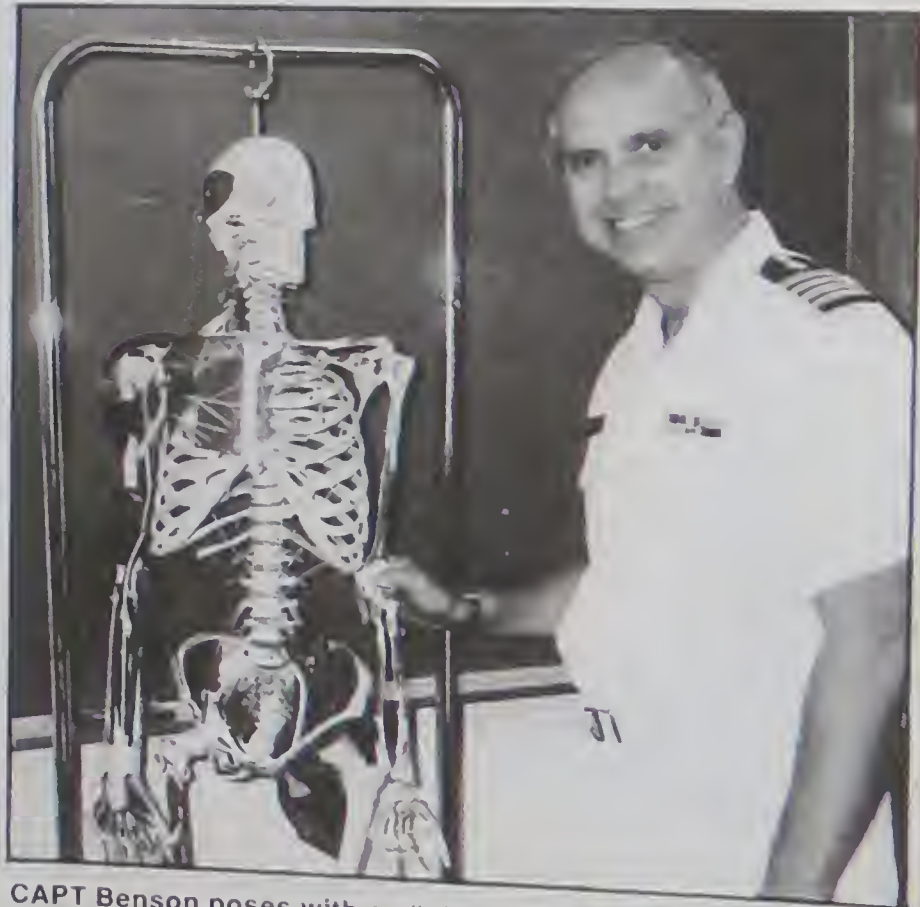
A fond memory of his active-duty naval career coupled with the professional and academic ties he created at NHO and other military facilities is the reason Benson remained in the reserves for some 21 years. He doesn't regret joining, and understands it is his obligation and privilege to serve during the Desert Shield crisis. But that doesn't make it easy.

"I'll do the best job I can do," he said. "I have chosen to cover at Davis, too — see clinics on Saturdays and take care of the patients who are waiting for me. Logistically, it's a problem, but nothing that can't be worked out."

A Vietnam veteran who said he knows first-hand about the horrors of war, Benson is married to the former Karen Rose, a graduate student at the University of California, Berkeley. The couple have three daughters: Lynn and Susie

are in Los Angeles pursuing careers in the performing

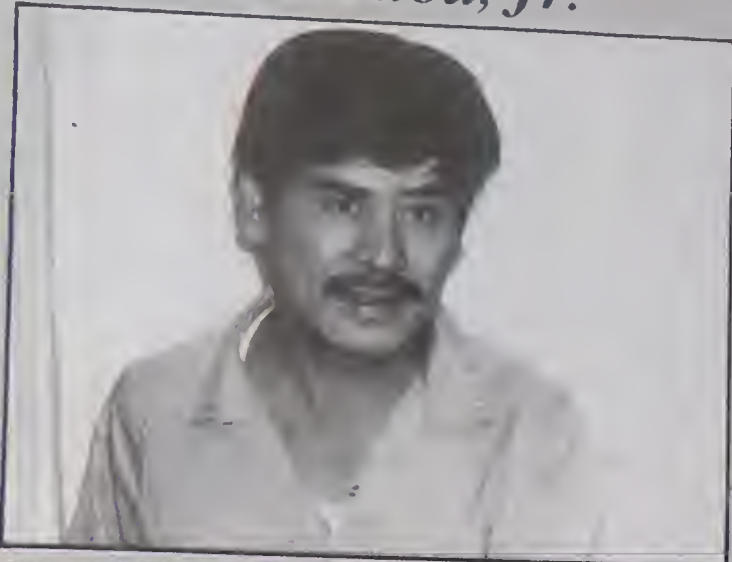
arts, 11-year Mollie is at home in Sacramento.



CAPT Benson poses with an "old friend" used as a teaching aid in the Orthopedic Department. (Photo by A. Marechal-Workman)

Up-close with Oak Knoll staff members

Elias Basa, Jr.



Current Career Area: Housekeeping Department.
Your job: Performs housekeeping duties in the hospital and outside buildings.

Marital status: Married.

Wife: Lourdes Basa.

Children: Erick 25, Michael 24, Edward 15 and Eugene 7.

Hometown: Manila, Philippines.

Hobbies: Basketball, chess and bowling.

Likes: Pretty women and honest people.

Dislikes: People who take advantage of others.

What is the most challenging part of your job? Taking care of outside areas without help.

What is your immediate goal? For my son to finish his college education, save money and retire early.

What is your long-term goal? Save money so my son can complete his college education.

If I could do it all over again, I'd: Get a college degree. Get a better education.

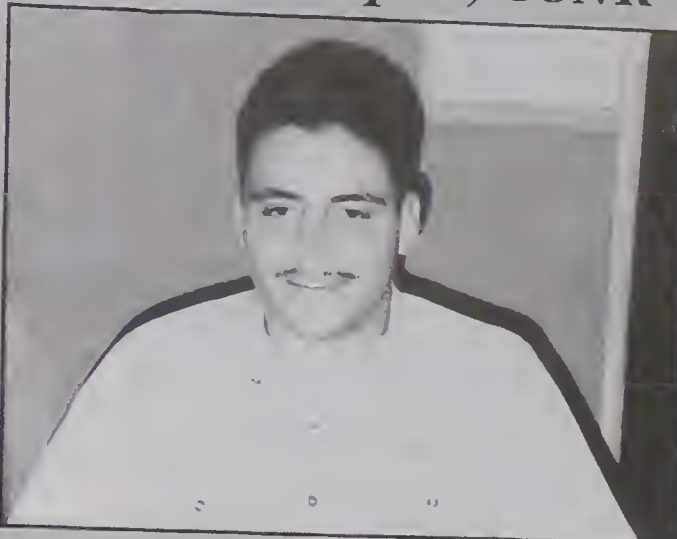
I wish I could stop: Drinking beer and smoking.

I respect myself for: I work hard — I have two jobs.

Role Models/Heroes: My Dad because he gave his life in the Korean War. He was an officer in the Army.

Personal comments you wish to share: I served with 1st Marine Division 3rd Battalion, 7th Marine, Company K as an infantry man in Vietnam. I was a machine gunner.

HN Rene Lopez, USNR



Current career area: Manpower management.

Your job: Assisting with the management of manpower attached to Naval Hospital Oakland and their different capacities.

Marital status: Single.

Hometown: Fresno, Calif.

Hobbies: Racquetball, billiards and reading.

Likes: Swimming, running.

Dislikes: People who lack determination.

What is the most challenging part of your job? Learning new programs that I have not dealt with in the past.

What is your immediate goal? To learn as much as possible about various programs used in my workspace and to move up in rank as quickly as possible.

What is your long-term goal? To satisfactorily complete my duty here at Naval Hospital Oakland and return to college to finish my last three semesters of a Finance Degree.

If I could do it all over again, I'd: Probably not change too much, I'm happy with the way things have gone.

I wish I could stop: The crisis in the Middle East.

I respect myself for: Starting college immediately after high school and for always trying to better myself.

Role Models/Heroes: My grandfather.

ENS Leslie R. Schweitzer, USNR



Current Career Area: Eight-East, Nursing.

Your Job: As charge nurse of the nursery, I directly supervise military and civilian nurses as well as corpsmen in providing safe and efficient patient care for our newborns.

Marital Status: Married.

Husband: Donald D. Schweitzer, Jr.

Children: None.

Hometown: Midwest City, Okla.

Hobbies: Biking, hiking, skiing and swimming.

Likes: Italian food, jazz fusion music and warm summer nights.

Dislikes: Commuting and "ecofacists."

What is the most challenging part of your job? Learning how to tap into the "system" — who to contact to get things done right the first time.

What is your immediate goal? To maintain a "normal" lifestyle, as much as possible, during my mobilization period.

What is your long-term goal? To assist in implementing standards of care in the nursery — continuity is the cornerstone to smooth functioning at work.

If I could do it all over again, I'd: Do it without second guessing my decisions.

I wish I could stop: Focusing on my weaknesses and instead concentrate my energy towards helping myself and those around me.

I respect myself for: Treating my response to this question as private information.

Role model/heroes: My parents.

Chaplain's Corner

By LT Julie Schwartz, CHC, USNR

This is the Jewish season of spiritual homecoming and repentance which culminates in the holiday of Yom Kippur. With fall in the air, many of us can remember high school football games and the highlight of the season — the homecoming game. But these days, with loved ones and friends deployed, we dream and pray for other homecomings. Finally, in the Jewish tradition, this is the season for spiritual homecomings as Jews spend extra time in

meditation and prayer striving to be ever closer to God.

Homecomings take work. Anyone who has ever prepared for a ship's homecoming can tell you that the preparation is tremendous. And, of course, the practical and physical preparation are only a portion of the labor. We prepare mentally and emotionally for a homecoming because we realize that the joy of being with our loved ones again is counterbalanced by the work of reintegrating them into our lives.

No one has yet told us when we can even begin

to plan homecomings for the Mercy crew and the Desert Shield personnel. Sometimes it feels like being in limbo — recovering from the good-byes without any firm planning for the welcome backs.

The Jewish tradition offers some direction for all of us as we face this dilemma. While this is the liturgical season of homecomings, a time when Jews concentrate their prayers on this purpose, a Jew is still expected to practice at this homecoming each day. We human beings like to have a set time or an event around

which we can direct our efforts. At the same time we can teach ourselves how to have "mini-homecomings" everyday.

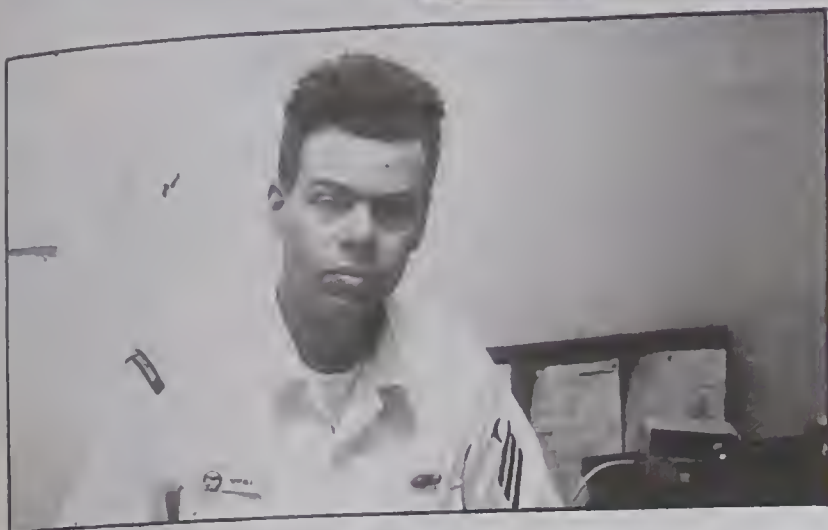
While all of us fantasize about that magic moment when the ship comes in, we can prepare for and celebrate mini-homecomings each day. Evening family prayers are terrific opportunities for family members to be formally remembered and a time when children might mention what they wish they could have shared that day with mommy or daddy. These little daily

rituals keep us spiritually connected with our loved ones and also keep us working toward that spectacular day of homecoming.

One verse from Psalms can also help us focus on our spiritual homecoming: "Help us to return to You, Lord, then we shall truly have come home. Renew our days as before."

EDITOR'S NOTE: LT SCHWARTZ is a naval reservist from Cincinnati, Ohio. She was stationed at NHO while on active-duty from 1986-89.

Operation Desert Shield Spotlight



HN Paul Spitale

NHO Corpsman Returns from the Middle East

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — Hospital Corpsman Paul Spitale wasn't told where he was headed when he received orders to deploy with the Marines, but he had a pretty good idea of his ultimate destination. Spitale, who returned from the Persian Gulf about September 20, was among the first medical field service technicians (HM 8404) to leave Camp Pendleton to participate in Operation Desert Shield in the Middle East.

"At first, we were quartered in a huge warehouse," he said, adding that his company stayed in place for the first three or four days, then set up the *1st Marine Corps Hospital* in an abandoned hospital structure in the desert.

"Our first patients were mostly Marines, but we also had Army and Air Force guys,"

he said. "They were mostly suffering from dehydration, heat exhaustion and heat stroke.

According to Spitale, whatever the job at hand, the corpsmen were happy to be busy because too much free time meant thinking about home, or about the mail that was slow or absent. "We did get letters and packages, but it was never enough," he said.

"Keep the mail coming," was his advice, "write letters, send cookies, books, magazines, pictures, stationary, even video tapes (there's a VCR at the Marine Hospital). Anything that comes directly from Naval Hospital Oakland (NHO) will mean a lot to the corpsmen."

Spitale is now working in NHO's Patient Administration Department while waiting for his transfer to a Marine Corps unit in Hawaii some time in November.

Marine units — at times with as little as six hours notice.

"We were given about eight hours notice and didn't have much time to attend to personal business," said Hospital Corpsman Paul Spitale, a medical field service technician (HM 8404). "I was lucky, though, because my dad came down to Pendleton from Marin County to pick up my car and personal goods."

Other corpsmen weren't that lucky though, and Spitale doesn't know what they did with their belongings. In fact, if it hadn't been for the leadership of the senior enlisted, they would have been ill prepared for the physical and psychological implications of the deployment. Chief Petty Officers Ronald Bishop and David Sego took the 49 men

See, *DEPLOYED*, pg. 10

High morale aboard USNS Mercy

By Melinda S. Bernard
NAVAL HOSPITAL OAKLAND, Calif. — "They had worked real hard on the ship going from Oakland to Subic, and this was their rest period — they worked hard, they played hard and they were ready," said Lt. Michael Sashin, former head of Mobilization and Planning.

Sashin left Oakland on August 30 to visit USNS Mercy. He joined the ship when it arrived in the Philippines on September 2. "It was really fun watching the second wave crew members board the ship," he said. "Each individual who was flown to the Mercy had a sponsor on the ship who greeted them with a sign bearing their name. After greeting one another, the first wave personnel walked the newcomers through the system, escorted them to their berthing areas and showed

them their work assignments."

Life aboard the Mercy radiated with positive energy. "You had a good feeling, like they were all together," said Sashin. Understanding the mission that they were going to accomplish seemed to be the driving force beneath this positive energy.

"When I saw them," said Sashin, "the crew was as optimistic as ever." However, he emphasized concern toward maintaining high morale. After sitting around out there, boredom will inevitably set in. Although people in Washington are creating ways to help relieve that boredom, Sashin pointed out ways for us here at home to help out.

"They're all very interested in what's going on here," he said, "we've got to constantly keep sending them things, whether it's just a Sunday

Tribune, or Chronicle."

Sashin was on a ship three years ago and recalls the importance of maintaining the link to life here in the states. "You really want a newspaper," he said, "it's tremendously important to know what is going on here."

Sashin's advice — "Don't forget anybody." Each department could send a package to their counterpart — just once a week. Mail is important when you're out in the middle of an ocean . . . waiting.

(Editor's Note: Anyone interested in writing or sending packages to personnel deployed in the Middle East can find addresses posted on the hospital third deck's bulletin board. Ombudsman, Denise Allhouse, "Mail Call" coordinator, can also assist you. A message can also be left on Care Line, 633-5566.)

Send "Free Fax" to deployed personnel

DENVER, COLO. — AT&T has established a free fax service enabling family and friends to send messages to American military personnel serving in the Middle East and aboard the USNS Mercy. Designed as a morale-booster for the troops in Operation Desert Shield, the one-way service allows a loved one in the U.S. to send a single page greeting from any of 400 AT&T Phone Centers nationwide.

Messages are carried on special forms available at the

Phone Centers and from the Career Counselor's Office at Naval Hospital Oakland. People fill in the forms with the name of a person stationed in the Middle East, the person's Army Post Office/Fleet Post Office address and that person's military identification number. A designated space for a written message or drawing occupies three-fourths of the form.

After the faxes are sent from the phone centers to the Middle East, the military postal ser-

vice will deliver the messages to troops at regular mail calls. Because the fax messages will be sent electronically, the time required to reach their destinations will be significantly reduced.

The nearest AT&T Phone Center is located at the Bay Fair Mall in San Leandro. For other addresses, call 1-800-555-8111, Ext. 36, between 8 am and 6 pm, Monday through Friday, and from 8 am to 4 pm, Saturday.

Deployed NHO corpsmen return to tell story

By Andree Marechal-Workman

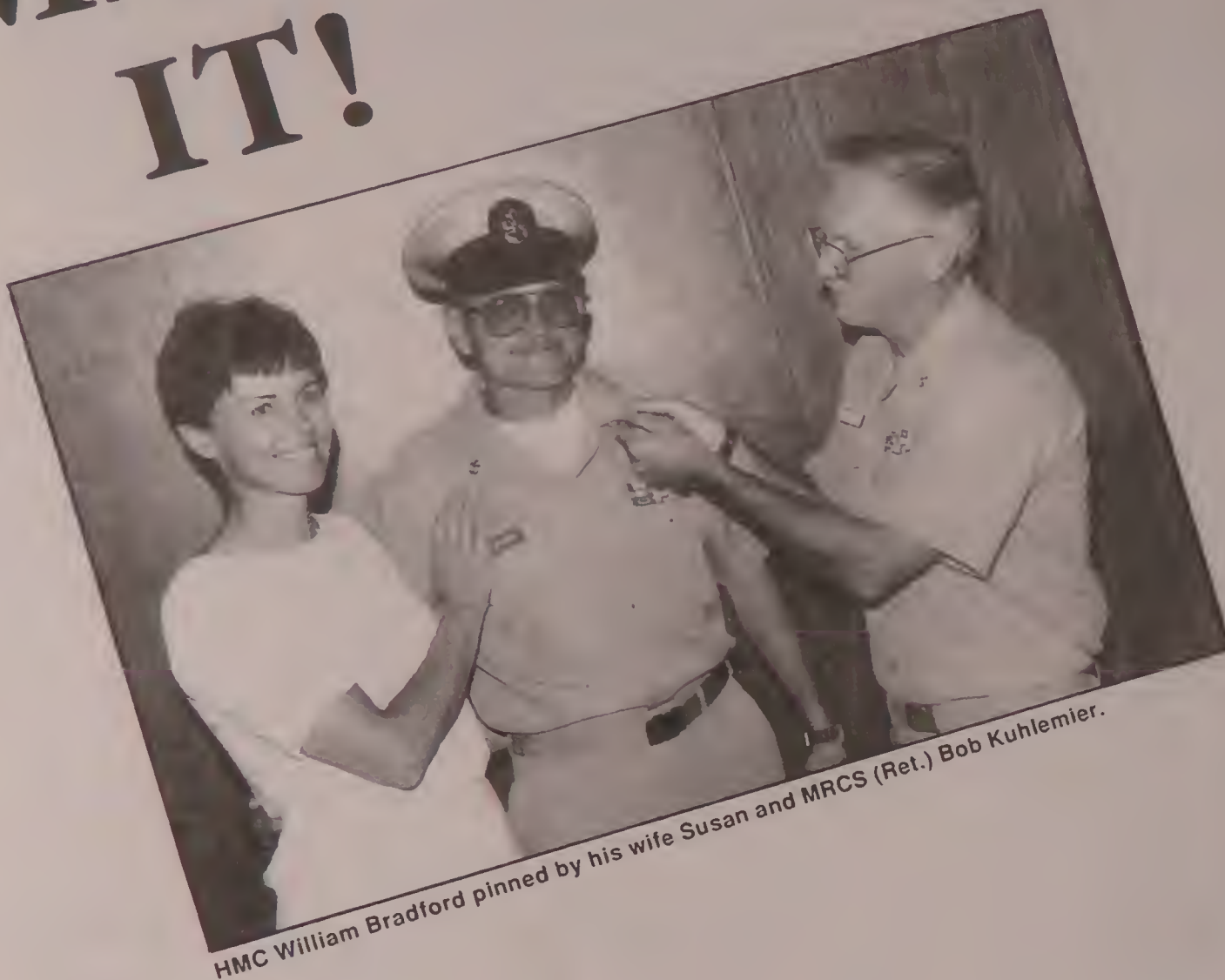
NAVAL HOSPITAL OAKLAND, Calif. — In mid August, military personnel from Oak Knoll made history when they joined USNS Mercy's medical staff and sailed for the Persian Gulf. National and local TV news broadcast the saga of the deployment. Local newspapers covered the event in depth. National magazines featured sailors and their families and told the world about their plight. Naval Hospital Oakland (NHO) had not received such extensive publicity since the heroic contributions of its staff during the 1989 earthquake.

But not much was heard about a group of courageous doctors and corpsmen who were whisked away from their hospital duty stations to join



HM2 Villareal checks addresses of NHO personnel at NMPC. Shown (left) at Camp Pendleton, Villareal was among the first hospital corpsmen to be deployed with the Marines in August. (Photo by A. Marechal-Workman)

MADE IT!



HMC William Bradford pinned by his wife Susan and MRCS (Ret.) Bob Kuhlemier.

HMC Ben Adona



HMC Marty Manalastas pinned by his

NHO's New Chiefs

In a time-honored ceremony held last month at Treasure Island, the following members of our NHO family were welcomed into the exalted brotherhood of chief petty officers. They are HMC Cris Romero and HMC Marty Manalastas, Pharmacy; HMC Jean McColley, Occupational Health; HMC William E. Bradford, Security; HMC Suzanne Black, Career Counselor; HMC Ben Adona, Reserve Liason, and HMC Jeff Travers, School of Health Sciences.

In addition, we'd like to commend HMC Rudy Delumpa, HMC William L. Trapp, and HMC Shirley A. Levasseur, reservists from the Alameda Naval Reserve Center, who

have recently joined our family.

The Navy Chief Petty Officer is a breed apart. Only in the Navy is there such a dramatic distinction made between chief petty officers and other enlisted ranks. Navy chiefs wear different uniforms than other Navy enlisted, have significantly different responsibilities and have markedly more respect than E-7s of other services.

The following words, excerpted from "The Chief Petty Officer's Creed," say it best: "The privileges and responsibilities that chiefs enjoy do not appear in print. In fact they have no official standing, neither can they be referred to by name, number,

or file. They exist because for nearly 200 years, chiefs have freely accepted responsibility beyond the call of printed assignment, and have by their actions and by their performance commanded the respect of their juniors.

"Chiefs are the fount of wisdom, the ambassadors of good will, the authority (sometimes the 'buffer') in personal relations, the technical advisor and finally the example (military, morally and otherwise) that juniors look up to and that they strive to emulate and one day become!" "Ask the Chief" is the phrase that rings throughout the United States Navy.



HMC Jean McColley pinned by (left) HMC Ken Stanley and

Photos and text by JOC Bob Hansen, USNR.

Red Rover

October 1990



his wife Thelma and HMCM (Ret.) Emilio Lensang (right).



HMC Jeff Travers.



aria Lourdes.



husband HM1 Ted McColley.



HMC Cris Romero pinned by his wife Annalyn.

DENTAL CORNER

HIV perspective

By Lt. Richard P. Campbell, DC

NAVAL HOSPITAL OAKLAND, Calif. — On July 27 the Center for Disease Control (CDC) in Atlanta issued a report implicating an HIV positive dentist in the first reported incident of a patient contracting AIDS from a health care provider. Since that time, a number of my own patients have expressed concerns regarding the adequacy of infection control in dental surgery.

I believe I can put everyone's mind at rest. First, let's put things into perspective. The report stated that the evidence was "inconclusive, but highly suggestive." No one knows how the patient in question actually became infected; however the lack of an alternate explanation pointed towards dental treatment as the most likely source.

The CDC is relying heavily upon interpretation of blood tests showing similarities between the virus in the patient's blood and that of the dentist. However, at this point, no standards have been established for interpretation of these tests. In fact, neither doctor nor patient can identify any instance of cross contamination.

An important point is that the patient developed full blown AIDS just two years after the suspected exposure. The normal latent period for HIV infection is eight to ten years.

Stringent infection control is practiced in the dental office. Dentists wear gloves, masks and eye protection to guard against contact with blood and saliva which may become airborne during many dental procedures.

These techniques which have been approved by the CDC, Occupational Safety & Health Administration, American Dental Association and many others have a proven track record in preventing the spread of hepatitis, which is a much more virulent organism and much more infectious than the fragile HIV virus.

Given the lack of solid evidence in the CDC report, I believe it would be alarmist and irresponsible to suggest there is any significant risks of contracting AIDS from a dentist or other health care provider who practices proper barrier technique.



A woman's health and longevity improves with regular screenings

By LCDR R. Fischer, MC, U.S. Naval Hospital, Yokosuka, Japan

WASHINGTON (NES). — Over the years, gynecologists have finally affected the incidence and mortality associated with cervical cancer. This breakthrough is directly related to mass pap smear screening for early detection and treatment of cancer of the cervix.

Despite these wonderful advances, many women do not avail themselves of annual screening. This is heart-breaking, considering the ravages and tragedy of undetected cervical malignancy.

We are beginning to understand that cervical cancer is often preceded by several premalignant stages that once detected may be treated by a variety of simple, office-based therapies.

As with all medical testing, everyone should ensure the timely communication of their results. It is imperative that

every patient follow up with her clinic or physician to make sure results are normal, if test findings are not communicated to you by phone or mail. This is certainly the case with mass screening programs involving, for example, pap smears and mammography.

Following are current guidelines for cancer screening in women by the American College of Obstetrics and Gynecology:

Cervical cancer: First pap smear should be taken and pelvic examination performed at age 18 or when first sexually active, followed by annual pap smears and pelvic examinations.

Breast cancer: Baseline mammography is recommended for all women between the ages of 35 and 40; mammography every one to two years between ages of 40 and 50 and annually after age 50. Additionally, monthly breast self-examination should be performed along with a yearly exam during an annual

gynecologic exam.

Colorectal cancer: Women ages 40 through 49 should receive annual digital rectal exams; thereafter annual digital exams and occult blood tests should be done every three to five years after two consecutive annual negative exams.

Endometrial cancer: Effective screening is available at this time. However, abnormal vaginal bleeding near the time of menopause or any vaginal bleeding following menopause should be investigated by a gynecologist without delay.

Ovarian cancer: No effective screening is available at this time. However, those patients with a family history of ovarian malignancy should make this fact known to their gynecologists.

Lung cancer: No effective screening is available at this time. However, we can greatly reduce the incidence of this devastating disease by simply quitting smoking or never starting to smoke.

Beulah King, Civilian of the Quarter



Mrs. Beulah King, LVN, is Naval Hospital Oakland (NHO) Civilian of the Quarter. King, who works at the NAS Alameda Branch Clinic was cited for her dedication, understanding, and compassion with patients. She rarely misses work, is an active member of the recreation committee, and is known for her natural rapport with patients and staff alike. Mrs. King is responsible for all overseas screening paperwork and for preparing and scheduling the case loads for all GYN, ENT, and Ortho Clinics held at the Branch Clinic.

Navy Relief Honors Graduates

A fifteen hour training course presented by Field Representative Deanna Allee was completed Sept. 21 by twenty-seven students. These graduates were honored at an awards ceremony and luncheon held at the Chapel's Shannon Hall, Alameda Naval Air Station. Certificates of completion were awarded by Rear Admiral and Mrs. John W. Bitoff to the following students: Denise Allhouse, Pat Bonino, OS1 John Bovard (USS Pyro), Lori Buda, Leslie David, Linda DeGirolamo, Lt. Lawrence DeMarchi (MLC PACIFIC), W01 Art Espinoza Sr. (12TH MCD), Kerrie Godding, Millie



LT Karla Seyb-Stockton (right) CHC, USN receives certificate from Rear Admiral and Mrs. John W. Bitoff.

Goebel, Wendy Griffin, Oma Jurgens, Ens Edward Kato (USS Wichita), Lt. J. Lynne Kennedy (USS Pyro), RP3 Ronald Mata (Oak Knoll), YN1 Fred Meadows (TPU), Polly Nelson, DK1 Wilfredo Nuval (USS Pyro), Stephanie Osborne, Jean Richards, Linda Rickenbacher, Lt. Karla Seyb-Stockton (Oak Knoll), Sara Shelton, Alice Shaw, Brenda Storey, Jane Timoney and Julie Workman. All of these students agreed the knowledge gained from this course will benefit them as long as they are affiliated with the Navy and Marines.

October 1990

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by JOI Russell Johnson

Nature works in many strange ways to assist us in our personal and spiritual growth. It is not always convenient or predictable, but in June of 1988, Eric Delisle's life changed in a split-second when he fell off a bridge in Hawaii and landed in one foot of water — an accident which caused severe spinal cord injury. Eric is now a quadriplegic and has no movement below his shoulders.

"We were stationed in Hawaii at the time," said Eric's mom, Chief Petty Officer Karen Delisle. The hospital in Hawaii didn't have the facilities to treat Eric and he was transferred to Children's Hospital in Oakland, the first of several CFC charities which have helped the Delisles.

The Delisles received a humanitarian transfer to Naval Hospital Oakland (NHO). Shortly after arriving, Delisle contacted the Spinal Cord Injury Hotline which put her in touch with another CFC charity, the National Spinal Cord Injury Association in Santa Rosa. When Eric started leaving the hospital for short trips, the Delisles brought him to the Center For Independent Living (CIL) in Berkeley. The CFC-funded CIL gives counseling on care for people like Eric who need around-the-clock care. With their help and



Eric Delisle is like any normal teenager. He wants his driver's license.

the help of the Disabled Rights Education Defense Fund, Eric was able to return to school and get attendant care at

school.

"Without the help of these organizations I just don't see, YOUR GIFTS, page 10

Ombudsman Notes

Naval Hospital Oakland's (NHO) ombudsmen continue to work diligently in behalf of personnel deployed to Operation Desert Shield and the families they left behind. Here's what they would like you to know:

- A "pen pal" service has been arranged for anyone who wishes to adopt a sailor and start a regular correspondence. Point of contact: Denise Allhouse.

- A newsletter has been sent to dependents of deployed service members. Call Allhouse if you haven't

received a copy. But if your loved one has returned, please call her so she can update her mailing list.

- Husbands, wives and significant others and their children are encouraged to attend the weekly stress support group scheduled especially for them. Led by Chaplain Seyb-Stockton, the group meets every Wednesday at 7 p.m. in the hospital chapel.

Because they are the first point of contact for assistance, the deployment ombudsmen are most likely to deal

with any crisis situation you might encounter. Their primary concern is to get all family members through the difficult period of separation in a positive and constructive manner. Please call them, even if all you need is a shoulder to lean on:

Denise Allhouse - 430-8303
Sandra Carman - 632-7604
Alice Pool - 391-2799
Jane Timoney - 635-3667

Or you may leave a message on Care Line at 633-5566, and they will call you back. (Area code: 415)

Oak Knoll in Brief

Compiled by Melinda S. Bernard

PRT Testing

- The Physical Readiness Test (PRT) will be held October 22, 23 and 24. Test times are 7-30 am and 8-30 pm daily. Swim times are 8:00-10:00 am at the base pool. Check in next to the racquetball courts. Reservists will not be tested. All personnel who have not been muscled may do so at Command Education, Building 133 until October 19. Contact SM1 Darnell at ext. 3-5865 for assistance.

Reserve News

- Capt. Roger Miercort, MC, a reservist recalled to active duty, has been appointed Reserve Liaison Facilitator. Although most concerns should be addressed through the normal chain of command, he will interface between the reserve and active-duty community on selected issues. Miercort can be reached at ext. 3-6064.

- All health records have been turned over to HMC Sweeney and all dental records have been sent to the Dental Department, both in Building 500. Please make sure you specify that you are an activated reserve component, as your dental and health records will be maintained separately from the active-duty staff records.

- A financial program for reservists. A program has just been set up by Californians Organized to Help Reservists. They are working with Senator Wilson's office. They are looking for enlisted reservists who may need financial help with paying rent, car payments, child care, etc. If you are in need and desire further information, please contact HM1 Kim Ross at Reserve Liaison at ext. 3-6064.

P-122 Update

- The Occupational Health Office is still located on the 7th deck in room N-712, ext. 3-6134. Occupational Health Nurse beeper 729-3388.

- The Safety Office is now located on the 3rd deck in the office just west of the hospital Exchange, room #3-25-46, ext. 3-5837.

- The Red Cross Office has been relocated to Room N-714. The extensions are 3-5879, 5880 and 5881.

Command Education

- Anyone qualified and interested in teaching Basic Life Support, Emergency Medical Training, or Advanced Cardiac Life Support should contact Cdr. Dawn Benson at Command Education, ext. 3-5257.

- Leadership Management Education Training (LMET) classes are currently being offered at Treasure Island on the following dates:

- Basic LMET: The 5 day course recommended for ensigns and lieutenant junior grades, focuses on problem solving/prioritization; division officer roles; power and influence; time management; team building; counseling; and leadership styles. Dates: Oct 15-19; Nov 26-30, 1990; and Jan 7-11; Feb 11-15; Mar 11-15, Apr 15-19; May 20-25; Jun 24-28; Aug 29 - Sep 2, 1991.

- Advanced LMET: The 5-day course for more experienced division officers, focuses on leadership and management skills, achieving efficiency and effectiveness, skillful use of influence, counseling advising and problem solving. Dates: Oct 29 - Nov 2; Dec 10-14, 1990; Jan 28 - Feb 2; Apr 1-5; Jun 3-7; Aug 19-23, 1991. Contact Mrs. Silva at ext. 3-5257 in Command Education Department for further information.

- If you are purchasing material with impress, supply will pick up the material and deliver it to you once the proper paperwork is complete.

Pharmaceutical Alert

- Lederle Laboratories are delaying manufacture of Diamox Sequels 500mg indefinitely, and the Pharmacy will not be able to procure this drug from any source. Patients are advised that Diamox 250mg (not sustained release) continues to be available as alternative therapy, but will require a different dosing schedule and a new prescription. POC is HMC Romero at ext. 3-6447.

Appointment Letters

- Effective immediately all requests for "Letters of Appointment" and "By Direction" authorization letters should be submitted to Admin Support, 3rd floor, Bldg 500 rather than Military Personnel. For additional information contact HM2 Axelrod at ext. 3-5288.

HAPPY HALLOWEEN

CIVILIAN NEWS

Change of Payday

By CAPT John Kelly, Director of Fiscal Department

NAVAL HOSPITAL OAKLAND, Calif. — The Bureau of Medicine and Surgery is in the process of centralizing its accounting function to the Navy Regional Finance Center (NAVREGFINCEN), Great Lakes, Illinois. The centralization took place October 1. It will result in a more efficiently run accounting system. As a part of the accounting function, processing of the payroll has also been transferred to Great Lakes.

NAVREGFINCEN at Great Lakes currently holds paydays on the second Wednesday following the end of the pay period. As a result of this change, the payday for the period ending October 20 will fall on October 31 instead of October 26. This change will result in a one-time delay of five days in your pay check.

All deductions are automatically converted from our current payroll system with the exception of bond deductions. Those were discontinued with the pay period ending October 6. Accumulated balances will be paid off. Anyone who wants to resume bond deductions after October 7 should forward an authorization to the new accounting office in Great Lakes. Point of contact for any changes is Dorothy Thayer from Payroll Division at 633-4598.

This notice is provided so that you may prepare for the delayed payroll check. This is a one-time situation with no further anticipated delays. Thank you for your patience and understanding.

Deployed Corpsmen

(Continued from page 5)

they brought with them to Camp Pendleton under their wing and showed them the ropes of mobilization.

"I told [the junior people] what they needed in their sea bags, how to get their wills, direct deposits, powers of attorney and answered as many questions as I could at the time," Bishop recalled, adding that once the group reached Camp Pendleton, the senior personnel maintained as positive an attitude as they could in order to keep morale up.

Sego softened his supervision with TLC (tender loving care), reassuring the junior troops and lending them a helping hand. "I told them we'd be together and take care of each other," he said. "Some of them were so very young; they were apprehensive and didn't know what to do."

Guidance and nurture continued when the group reached Camp Pendleton, where according to Petty Officer 2nd Class Samuel Villareal, a lot of medical training took place — "what to do for fellow Marines if they fall subject to gas attacks, how to assess traumatic patients, what to do for combat wounds,

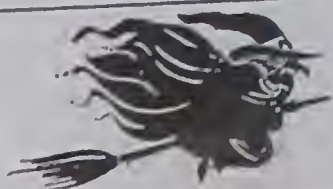
that sort of thing."

Corpsmen were arriving from all over the West Coast, some of them without medical field service training, said Chief Petty Officer Philip Kurtis Chapman who was one of two individuals from his command with combat experience. He had served aboard the USS Midway (CVA-41) during the Vietnam war and was able to use his expertise to conduct classes and tell medical support personnel what to expect.

"I spent classroom time talking to groups and making them aware of the importance of training," he said. "I wanted to make sure they were in the right frame of mind and that they knew what was expected of them as corpsmen and medical support staff assigned to the Marines, no matter where they were sent."

(Editor's Note: Medical personnel deploying with the Marines left the hospital so quickly that there wasn't time to fully document their departure. The information reported above was gathered from interviews with staff members who returned in September for transfer to other duty stations.)

**WATCH OUT FOR
WITCHES AND
LITTLE GOBLINS...**



Your Gifts to CFC Work! (Continued from page 9)

know how we could have made it," said Delisle.

The Delisles received a grant from Navy Relief to buy and install a mechanical lift for their van. Eric's dad, Edward, retired from the Navy to help and, after being away for a year, Eric returned to school.

"Eric participates in a regular school setting," said Delisle. "We spend at least three to four hours a day helping him with his homework and he's now getting straight A's."

Eric uses a Toshiba laptop computer with printer and network capability provided by California Children's Services. This past summer

he spent 15-hours per week as a student aide at U.C. Berkeley's Boalt Hall Law School.

Except for being a quadriplegic, Eric, 16, is a regular kid. "Besides being vice president of his sophomore class at California High School in San Ramon, he has learned to drive and has a learner's permit," said Delisle. "In fact, sometimes I still have to put him in his place for mouthing off."

Eric is still learning to accept his circumstances but, even so, his goal is to graduate from Stanford University's law school.

"The Navy and my command have always been very

supportive," said Delisle who is permanently assigned to NHO as part of the Navy's Exceptional Family Member Program.

Eric Delisle is a visual testimonial to the good that CFC funded charities do for people. Including the ones mentioned in this article, there are over 800 charities to choose from in this year's campaign. Besides Eric, there are still many people who need our help. Let's demonstrate how much we care and show the world why Oak Knoll is a "very special place."

(Editor's Note: Russell Johnson is a Naval Reserve journalist assigned to the Navy Public Affairs Center in San Francisco.)

Help spread "points of light" to a thousand places, and have yourselves a star-spangled Christmas

CHRISTMAS, Fla. — **MAIL CALL!** Those two words are music to the ears of just about everyone who wears our country's uniform. Remember the eager anticipation when Radar or Klinger passed out the mail on M*A*S*H 4077th? Last year, Americans from coast to coast joined together in a program named **Mail Call** and had themselves a star-spangled Christmas while they spread "points of light" to a thousand places. Because of the program, Christmas was made just a little better for more than 150,000 of our servicemen and women, many of them young people away from home for the first time.

Mail Call combines greetings from thousands of members, re-sorting all the cards and letters into more than 1,000 bundles that are sent priority mail to units in more than 40 states and to every corner of the globe. The twin goals are to include mail from many people and places in each outgoing bundle, while spreading each person's greetings as widely as possible.

The number of units and ships receiving mail increased again last year, but the highlight was our ability to quickly send almost 15,000 cards to American military men and women who fought in Panama during Christmas. "Mail call was a real morale booster and a pleasant surprise to us all," said the commander of an airborne unit in a letter. "It made us proud to be Americans, knowing so many stood behind us as we fought in Panama."

Directed by a former

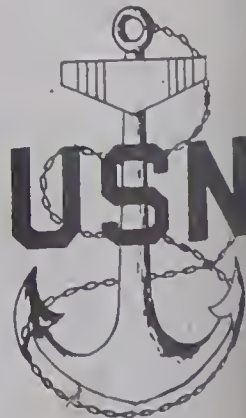
Pentagon staffer, **Mail Call** is an exciting project for individuals, families and groups. Because the mail goes to so many places, teachers across the country have adopted **Mail Call** as an aid in teaching geography, in addition to reading, writing, English, typing, word processing, citizenship, the postal service and more.

But schools aren't the only participants. Many groups and individual residents all over the country joined with other Americans from coast to coast last year. Leading Navy participants were NavyWives Clubs of America and Daughters in Dixie #300 of Jacksonville, Fla. Thanks to all for your participation.

With the current **Operation Desert Shield** crisis, military personnel need **Mail Call** more than ever. To learn how to spread "points of light" to thousand places while helping yourself to a star-spangled Christmas, send a stamp (not a self-addressed envelope, just the stamp) to **Mail Call, Box 817, Christmas, Fla. 32709**, and mention how you learned of this program.

(Editor's Note: Naval Hospital Oakland has its own "Mail Call," with Ombudsman Denise Allhouse as coordinator. Anyone interested in adopting a "pen pal" should contact Allhouse at 415/430-8303, or leave a message on Care Line at 415/633-5566.)

**HAPPY
BIRTHDAY,
UNITED
STATES
NAVY!**



1775-1990

October, 1990

Civilians help bridge the gap

By Andree Marechal-Workman

NAVAL HOSPITAL OAKLAND, Calif. — When some of the hospital departments were left virtually empty after the exodus of personnel for Desert Shield, civilians left behind pitched right in to help keep services going until reserve units could come to the rescue, or other arrangements made.

"When we had no one here to act as charge nurses and nobody to go for supplies, contract nurses assumed the leadership — teaching the corpsmen left behind and making sure that patient care was given consistently," said Nurse Corps Lt. William Clawson, Contract Officer Technical Representative (COTR). "They're just hired as patient care providers; they are never assigned as charge nurse for a shift. But

they'd been watching how administrative tasks performed by military nurses were handled, and they went right on and did what had to be done without being asked."

"The leading petty officers always handled paper work and supply orders," said Registered Nurse Mariann Cosby, who works in Intensive Care and Emergency. "So when they were gone, we used our resources — our noggins — and put them to work to keep the place going."

Many of the reservists who came onboard knew the military ways of doing things because they'd been drilling at Oak Knoll consistently, Clawson said, "but they didn't know the nitty gritty of how to make an individual work hard, so the contract nurses basically fine-tuned them, showed them how to get diets

done, how to order prescription medicines, how to get the drugs to the wards."

And even though there's no provision to pay COTR nurses for overtime on a regular basis, they volunteered to work beyond their shifts to make sure there was good continuity of patient care, Clawson added.

"We worked extra days, assisted with leadership and orientation of reserve nurses," said Kristi Strand, a registered nurse whose husband, Medical Corps Lt. Cdr. William Strand, is an Oak Knoll urologist. "I knew he could be deployed too," she added, "so I felt especially close to staff members [who went on the Mercy] and the families they left behind, and I wanted to help in any way that I could."

According to Medical Service Corps Cdr. Betty Lou Hayes

Wright, head of Dining Facility Operations, Foods Services was one of the departments most quickly hit by USNS Mercy deployment. And, according to Civilian Personnel Officer, Herb Lindemann, it is also one of the departments with the greatest concentration of civilians.

"We were definitely hard hit and we were hit fast," Wright said, explaining that a contingency plan worked out back in February is what saved the day.

"The plan was to hire a civilian core that could continue food service at a reduced level if the mess specialists were deployed," she said, specifying she selected over-qualified people with cooking experience so that she could use them to backfill the department in case of emergency — temporarily promoting dishwashers to

cooks, and cooks to supervisors. But the civilians who were promoted didn't just do the job they were hired for — they rolled up their sleeves and helped, just like the COTR nurses did.

"What warmed my heart," Wright said, "is that when we didn't have enough dishwashers available and had to use [very expensive] disposable dishes, all civilian employees volunteered to wash dishes and said they would work harder to get the job done."

"We just did what we had to do," said Wallace Patterson, a cook detailed to a position of foreman. "We picked up and carried on and worked a few extra hours."

According to Wright, no reservists were activated to Food Services. But with the help of added civilian staff being hired, she estimated the department will be back on track very soon.

Computer Tips

DID YOU KNOW?

By Jim Brackman
Senior Computer Specialist
Information Resource Center

Some of the software programs that we use from day to day have file conversion capabilities that are external to the actual program. WordPerfect and dBASE III are two examples. If we use WordPerfect's word processor and would like to share a document with another department or colleague, and find out that they are using Multimate or Word Star, what do we do?

Exit WordPerfect, make sure that you are in the same Sub Directory as WordPerfect and type the command CONVERT. This program will convert the document into another format like those mentioned above. Also, the CONVERT program will convert other formats into WordPerfect's format. If CONVERT does not list the name of the software that a department is using, such as Enable's format, you would have to use the option ASCII. Enable or any good software program can read ASCII format.

dBASE III program has an external file called dCONVERT, which should also be located within the dBASE Sub Directory. dCONVERT will convert old dBASE II programs into dBASE III format.

Lotus 123 program has an external file called TRANS, which will convert old lotus files into the version that you are using. Also TRANS will convert dBASE II and dBASE III data base files into Lotus format.

Each of these programs are easy to run, if you just follow the prompts and fill in the blanks. If you have a problem with any of these files, you can call the folk's in the IRC Office (633-5835 or 633-4564).

RADM Bitoff: "Textbook Mobilization"

COMNAVBASE SAN FRANCISCO, Calif. — You accomplished an extraordinary feat in affecting a textbook mobilization in three days. Your exceptional response to short fused and rapidly changing operational demands guaranteed the dispatch of our finest medical care to the frontlines while ensuring the highest possible quality medical care for the beneficiaries at home.

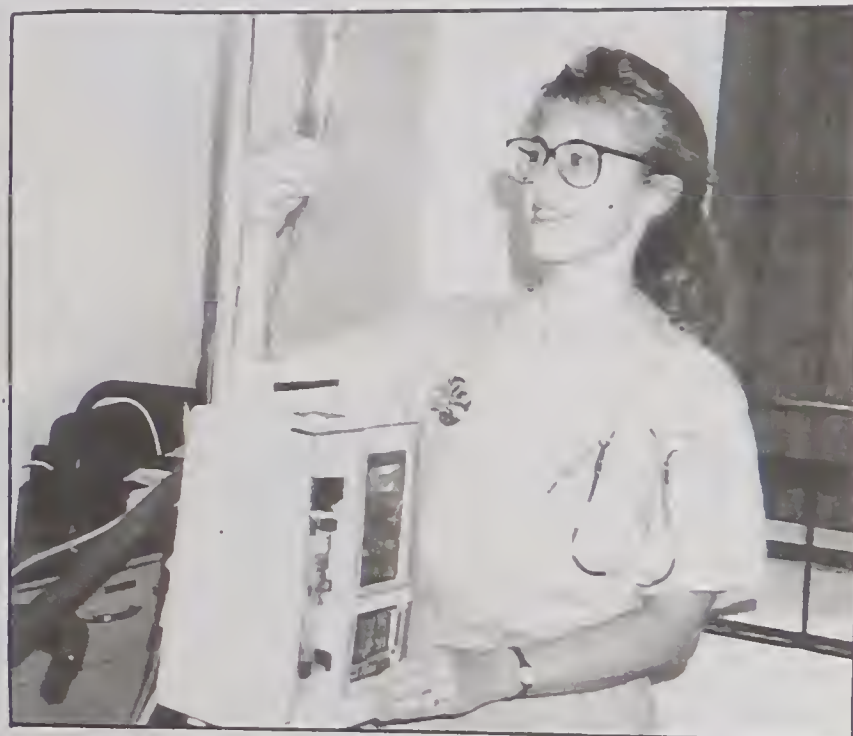
I am proud to be associated with such a fine and compassionate group of professionals. You have earned my highest respect and your most recent response to our nation's defense.

Bravo Zulu!
S/RADM John W. Bitoff

HALLOWEEN TREATS



THINK SAFETY!



COTR nurse Kristi Strand checks a patient's IV in 8-West, maternity ward. (Photo by A. Marechal-Workman)



Wallace Patterson shows a food service worker how to cut a sheet cake. Patterson, who is now a cook supervisor, acted as LCPO in the department and has played several roles on various levels during the deployment crisis. (Photo by A. Marechal-Workman)

Sports and Fitness

Aerobics

• Do you long for a "toned" physique? Stop day dreaming and come join us in an exhilarating Aerobic workout

following conditions: use side-walks or, if using roadways, jog facing traffic; wear light colored clothing (during reduced visibility conditions,

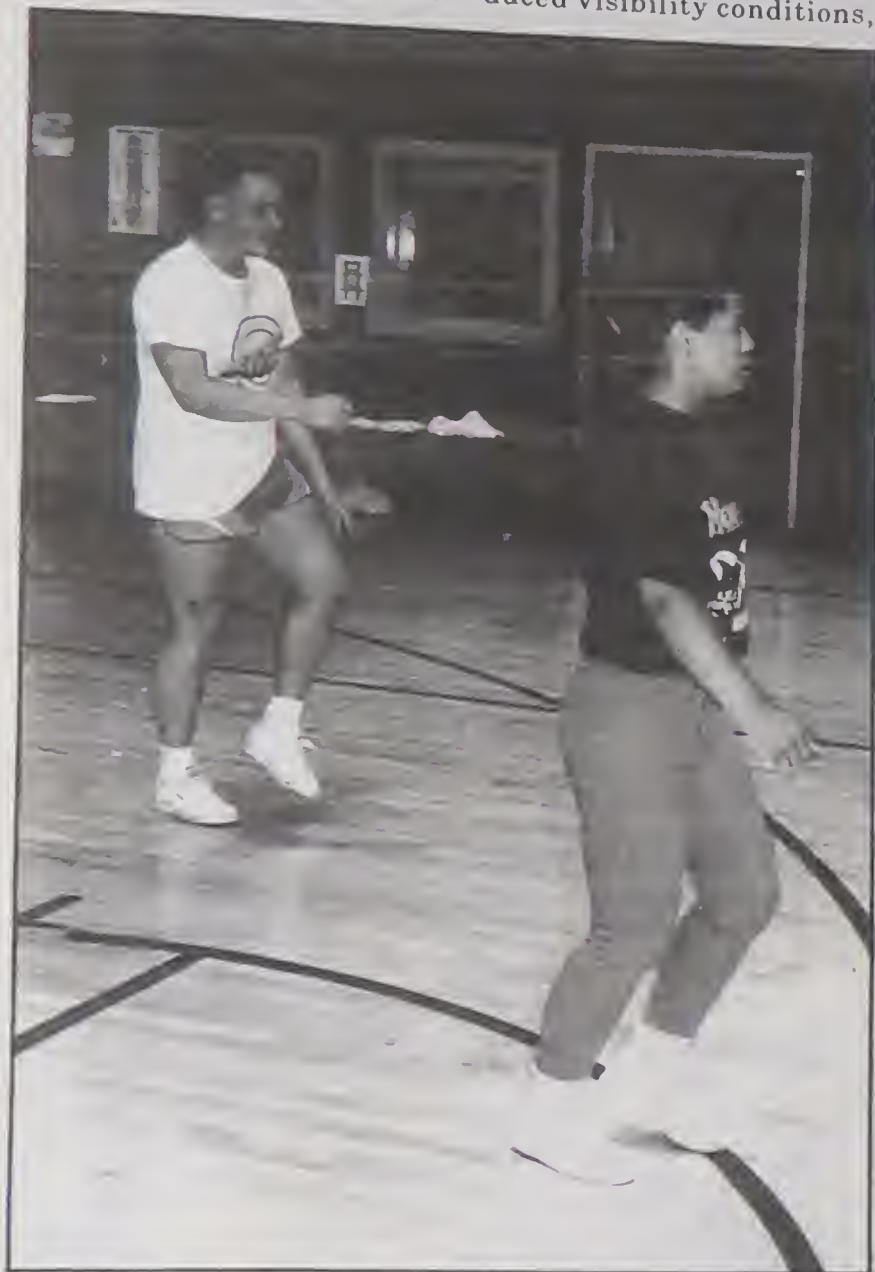
10 to 15 minute calisthenics period and concluding with a 1-1/2 mile light run. The remedial sessions are tentatively scheduled for 6:30 and 11 am and 4 pm. Schedules for session leaders will be made monthly, with attempt to avoid scheduling session leaders on consecutive days. The Level I Remedial Program is scheduled to start on October 29, 1990. This will be the first Monday after the PRT. Personnel failing the PRT, personnel overfat and personnel in the obese category are required to participate in the Level I Remedial Program. Interested personnel should contact SM1 Darnell, ext. 3-5141.

Central Pacific Sports Conferences (CPSC)

• CPSC Dart Championships will be held November 3 at the Islander Club, Consolidated Mess, Naval Security Group Skaggs Island, Sonoma, Calif. Entries must be forwarded no later than October 26. For further information contact CTMC Thomas Rozman, Tournament director at (707) 553-3334/Autovon 253-4498.

• CPSC Wrestling Championships will be held in Rodman Center Gymnasium, Bldg. 545, at the Mare Island Naval Shipyard, Vallejo. AAU Freestyle Wrestling Rules will be used in the tournament. For further inquiries contact Jim Gass, CPSC Athletic Director at (707) 646-3301/4289 or Autovon 3301/4289.

• CPSC Men's 7-Man Flag Football Tournament will be held at the Mare Island Naval Shipyard, Vallejo. A double loss elimination type tournament will be played using the Official NIRSA National Collegiate Flag Football Rules. For further information, contact Jim Gass, CPSC Athletic Director, at (707) 646-4289/3301 or Autovon 253-4289/3301.



YNSN Rob Pierce (left) leads HM3 Dena Masuda in aerobics. Pierce, a certified aerobics instructor, teaches classes at NHO's Gym Monday - Thursday from 5 to 6 pm. (Photo by JOC Bob Hansen, USNR)

Monday - Thursday from 5 to 6 pm. The music is energizing and the moves are challenging. The ultimate result is TONE. POC YNSN Robert Pierce at ext. 3-5877.

Joggers

• Jogging is now allowed on roads and streets of Naval installations during peak traffic periods or at night. It is authorized only under the

wear reflective clothing). Please be cautious of cars entering the roadway from cross streets or driveways.

Command Fitness Team

• The NHO Command Fitness Team is seeking individuals to monitor the Level I Remedial Program. This will consist of leading a 6 to 10 minute warm-up and light stretch period, followed by a

1991 Central Pacific Sports Region Scheduling Conference

The 1991 Sports and Recreation Scheduling conference for the Central Pacific Sports Region will be held Friday, November 2, 1990, commencing at 9:30 a.m. at the Club Farragut Enlisted Mess, Bldg. 991, Mare Island Naval Shipyard in Vallejo.

Items on the agenda are as follows:

- Regional hosting assignment for 1991.
- Current NMPC Sports Policy.
- Navy training camp dates/sites.
- Interservice championships/application procedures.
- Open discussion.

Please send your Recreation Services/Athletic Directors to this important annual conference. RSVP no later than October 31 is required. Point of contact is Jim Gass at (707) 646-3301/4289; Autovon 253-3301/4289.

This Month In Navy History

- Oct. 6 Naval War College Established at Newport R.I., 1884.
- Oct. 10 U.S. Naval Academy opened in Annapolis Md. 1845.
- Oct. 12 Holland (SS 1), first Navy submarine commissioned, 1914.
- Oct. 13 U.S. Navy established by the Second Continental Congress, 1775.
- Oct. 17 First airplane launched successfully from aircraft carrier Langley (CV 1), 1922.
- Oct. 25 Battle of Leyte Gulf, Philippines, 1944.

On June 12, 1775, in one of the first recorded naval actions of the United States, a party of Maine woodsmen, armed with pitchforks and axes, inspired by the news of the recent victory at Lexington, used an unarmed lumber schooner to surprise and capture a fully armed British warship off the coast of Machias, Maine. Captured guns and ammunition from the ship were used to bring in additional British ships as prizes. American soldiers soon played havoc with British shipping all along the Atlantic coast.

These actions — executed by ordinary citizens without commissions, letters of marque or legal authority of any sort — began the proud history of the United States Navy, which was officially born by order of the Continental Congress on October 13, 1775.

Give to the Combined Federal Campaign



Children are the future. They are constant reminders of the tomorrow we all face. But some children have less reason to look forward to the future than others. These kids grow up in an environment choked with drugs, violence and "rip-offs." You can contribute money that will give these kids a place to grow up other than the streets. Your contribution through the Combined Federal Campaign makes possible a wonderful mixture of planned activities, communication, concentration and fun at community centers and day care facilities right here in the Bay Area. Do It Again Plus \$10. Give to the Combined Federal Campaign.

Reserves

Continued from page 1

all reservists interviewed agreed they're happy to serve here, a special place filled with special people.

"I've been in many naval hospitals in my 25 years with the Navy, and this place does seem to be special," Wilson said. "There's a particular feeling of warmth from the people who work here to the people who are getting care — retired people such as we see in the Pharmacy, or active-duty personnel on the wards."

And from accounts from senior personnel in charge, it would seem the feeling is mutual. "They're doing a great job of coming in the clutch when we really need them" said Medical Service Corps Lt. Cdr. Stephen Astrachan, head of Patient Administration — a sentiment echoed by the hospital's executive officer, Medical Service Corps Capt. Noel A. Hyde, who commended reservists for their "can do" attitude. "They allow us to continue functioning at almost the same pace," he said, emphasizing that quality, not number is what makes a difference. "If we had one on one replacement, we would be able to maintain service at the [prior deployment] level."

RED ROVER

The Navy's first commissioned hospital ship

Naval Hospital, Oakland 94627-5000

November 9, 1990

Volume 2, Number 17

Mobilization Planning: the call goes out

By JOC Robert Hansen,
USNR

"You never think you can do it until it happens."

What Lt. Glenda Fowler, Medical Service Corps, was referring to is mobilization — the "M" word. We have all been trained to anticipate it, to plan for it, but few of us ever expected it. After all, with the Berlin Wall down and democracy on the march in Eastern Europe, Americans were already counting the "peace dividends."

NHO in operation

"Our main motive was to keep Naval Hospital Oakland (NHO) in operation," Fowler said. "When the decision was made to deploy the Mercy and some of our staff to Marine ground forces, we still had to keep NHO in operation."

Fowler, who now heads NHO's Mobilization Planning Department, was talking about the effort their staff, under the direction of Lt. Mike Sashin and herself, had been making since the word first went out to mobilize.

Not only did they have to provide the assets to fill the vacancies on the Mercy and with the Marines, but also help coordinate their replacement with the mobilized reservists.

"When things first started to happen, I'm not sure I believed we could really do it without having major problems," said Fowler. "It was hectic and some of us worked 30, 36 hours non-stop. But we got it done."

Difficult decision

The decision as to who went and who stayed was not an easy one to make. The essential decision — what kind of staffing was needed on the Mercy and other deployed units was made for the most part at Bureau of Medicine and Surgery. What Fowler's staff had to do was to match their requirements with the people available at NHO.

"We matched up the billets they wanted filled with a computer generated list that compared our staff to the billets. We then made some manual adjustments," she said.

According to Fowler, manual adjustments had to be made in many cases because not all personnel were deployable because of health, personal circumstances or other reasons. Also, because of the length of time it would take the Mercy to get to the Middle East, it was decided to deploy the personnel in "waves" rather than all at once.

"We didn't think it was

necessary to have all those people on the Mercy in transit," said Fowler.

When it was decided to mobilize reservists, a new element was brought into the equation. The reservists could be used to fill some of the vacancies left by deployed personnel, according to Lt. Lee Ras, Medical Service Corps. Ras, a reservist on extended active duty, worked with Fowler and the Reserve Liaison staff to match mobilized reservists to vacated billets.

A problem

One problem immediately surfaced — there was not a one-for-one replacement

of deployed personnel with reservists. The individuals deployed to Operation Desert Shield included mess management specialists, storekeepers, and administrative personnel whereas the mobilized units consisted largely of hospital corpsmen, doctors and nurses.

That's where Ras and the staff at the Reserve Liaison Office came in. Their job was to co-ordinate the reserve backfill. According to Fowler, "[Lt.] Ras knows what assets we have in the Bay Area. He knows what the units are and who the people are. It's his job to make recom-



Lt. Glenda Fowler, MSC.

mendations."

With the Mercy and Marines

Continued on page 8

Mercy pulls together: becomes super team

By Andree-Marechal-Workman

Last August the USNS Mercy (T AH-19) deployed to the Persian Gulf in support of Operation Desert Shield with a crew made up largely of medical personnel who have never before been to sea. However, according to people who have returned from the Mercy, the lack of operational sea experience is not a weakness, but a challenge.

"The staff works and trains very hard to get ready to perform their mission," said Petty Officer 2nd Class Daniel T. Reyes, Jr., a corpsman who returned from the Mercy in mid October.

And if the word of a witness is not enough, news and photographs from the Mercy add their eloquent testimony to the fact that the medical crew takes its mission to heart and that "labor intensive" is a byword on the hospital ship.

"Our goals are training, training and more training," said Medical Corps Officer Capt. Paul Barry, Mercy's Medical Treatment Facility commanding officer. "We have a lot to

Continued on page 8



Helicopter replenishes supplies aboard USNS Mercy. (Official Navy photo)



Mercy crew members learn how to wear gas masks during one of their many training drills. (Official Navy photo)



Mercy medical staff participates in one of its many casualty drills. (Official Navy photo)

From the Executive Officer
Capt. Noel A. Hyde,
MSC, USN



The IG inspection is coming up! I realize that IG inspections can be intimidating, but there's really nothing to be afraid of if we know what to expect and prepare for the inspection.

An IG inspection is an inspection performed by the Inspector General's (IG) office. Our upcoming inspection, January 15-25, will be a joint inspection by the Bureau of Medicine and Surgery (BUMED) IG and our Responsible Line Commander (RLC). Accompanying the IG team will be the Deputy IG from Commander in Chief Pacific Fleet (CINCPACFLT).

The purpose of the IG will be to insure that Naval Hospital Oakland is in compliance with orders, directives and instructions promulgated by higher authority. Another purpose of the inspection will be to assess the extent to which we are performing our mission of providing high quality medical care in an efficient manner.

Team of 25

There will probably be a team of 25 people headed by a flag officer. They will have space assigned to them for their entire stay. There will be several meetings with various groups of staff members including doctors, nurses, enlisted and civil service personnel.

The inspectors will go from floor to floor and from room to room, through every space of the hospital and outlying buildings, looking for a variety of things ranging from expired drugs to the physical security of different areas. They may stop and question people at random or even try to enter the compound after hours in civilian clothes to test our security.

When the inspectors are here, we will all be involved. They may enter any of our spaces at any time or stop and question any of us from the admiral to the most junior enlisted.

Nothing to worry

The bottom line is that we have nothing to worry about as long as we're in compliance with orders, directives and instructions from higher authority. Rather than dreading this IG inspection I look forward to it. It's a great opportunity for us to prove what we already know — Oak Knoll is a special place and the finest hospital in the Navy.



OAK KNOLL PERSPECTIVE

From the Commanding Officer
RADM David M. Lichtman, MC, USN



I'm sure you remember all the publicity about the Navy's "safety standoff" last year. The newspapers made it seem like the entire U.S. Navy was becoming accident prone. The fact is that, considering the world-wide scope of our operations and the highly dangerous jobs we do, there probably wasn't a statistically higher accident rate at the time. However, the bottom line is — one accidental death or injury is one too many.

Navy Occupational Safety and Health (NAVOSH) recently completed a safety inspection at Naval Hospital Oakland. We passed with a grade of 82 percent and the inspectors were delighted with our progress. Overall our total score represented a 24 percent improvement over the 1989 NAVOSH inspection. This may seem good to some but any score less than perfect when it comes to safety should be considered unacceptable.

The dramatic increase in Naval Operations around the world coupled with the adjustments caused by the deployment of much of our permanent staff, have heightened the need for concern about safety. Many of our people are new and there are several construction jobs in progress, so there is a definite need for all of us to be vigilant. Safety is everybody's concern — it's not just the concern of the safety manager.

The president has established a goal to reduce the number of accidents/illnesses at federal installations by two percent per year. We have not yet reached that goal. It is my policy that we will meet this goal. The success of this policy is dependent on all of you. Let's show that we care for our people and that we are, indeed, a very special place.

"Be careful out there."

Listening Box

The command's "Listening Box" was established to receive feedback from our most valuable resources: staff, patients and visitors at Oak Knoll. Any question, constructive suggestion or comment is of vital interest to this command. Input received will always be acknowledged and evaluated, and appropriate action(s) will be taken.

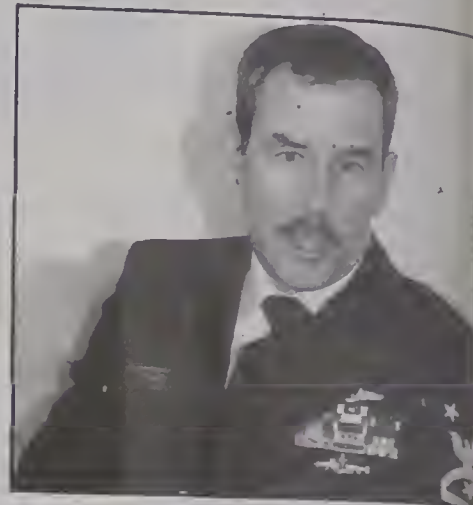
Listening Boxes have been placed throughout the hospital. Except for the second floor, it is located at the exit of the front elevators. On the second floor, it can be found in the Primary Care waiting area, next to the back entrance.

The latest comment and answer follow:

Q: "I would like to see an enforcement of the memorandum regarding speaking other than the English language during the working hours at Naval Hospital Oakland." (Anonymous)

A: On May 4, 1990 the command officer issued a memorandum to the staff on communication. The following is an excerpt from that memorandum: "In order to enhance our professional environment and improve our interpersonal relations, military and civilian employees at Naval Hospital Oakland shall make every effort to communicate in the clearest, most precise and understandable manner while conducting official business."

From the Command
Master Chief HMCM (SS)
Michael L. Stewart, USN



It has been more than two months since the first group of reservists reported aboard to replace our shipmates deployed with "Operation Desert Shield." I realize it's already been said by Admiral Lichtman and Captain Hyde, but now I'd like to add my voice to the chorus — you folks are real professionals!

"Regulars"

I'll admit, many of us "regulars" were just as surprised as you were when it happened. We all knew that there were reservists out there. We were used to having you around on your drill weekends and during your annual training. In most cases, by the time we got used to having you around, you were already checking out and heading home. How long you'll be here now is anybody's guess, but I'll say this — we're glad to have you around.

Uncertainty

When the balloon first went up, we were really in a bind. Some of our people were sent out with the Mercy and with the Marines, others stayed behind and, then, some even came back, only to be sent out again. There was uncertainty all over the place and our command mission never changed. We were way below what we needed in staffing levels and we were concerned. When the president authorized the first call-up of the reserves, some of us weren't sure how it would work out. I'll say this now — from my perspective, it's worked out great.

Vital positions

The reservists are now serving in vital positions throughout the command, including the branch clinics — a key area often overlooked. In all cases reserves have fit in right away. I'm impressed by their competence, appearance, professionalism and, I'm sure I can speak for the rest of the regulars, when I say that we appreciate their cooperation.

To the reservists directly I'd like to say thanks. Thanks for the personal sacrifices you're all making and thanks for the super job you're all doing. You have helped us to continue making Oak Knoll a special place.

November 9, 1990

NHO corpsman gains professional field experience

By Andree Marechal-Workman

Petty Officer 3rd Class James McLaurie Jr. didn't think he would be deployed to Operation Desert Shield because he wasn't on the recall bill at first, but he prepared for the worst and made the most of the experience once reality set in.

"My name wasn't on the [first] list," he said. "So I felt like I wasn't going, but I still prepared."

And once he reached Saudi Arabia and had a chance to get some medical field experience, he said he felt much better.

"I went into the field for two weeks," McLaurie said, explaining he'd never held sick call before, but learned fast because there was no doctor available to tell him what to do with the injuries he had to treat.

"Professionally, it was good for me," McLaurie added. "It was the first time I was in a medical set-up since my days in the wards at Naval Hospital Oakland (NHO), so it was great because all my

skills snapped right back."

McLaurie, who returned to NHO from the Persian Gulf in October, on his way to a branch clinic in Guam, was among the very first group of corpsmen who deployed to the Marines in August. For about two months, he was part of a medical support group at the 1st Marine Corps Hospital, HNS Detachment — dealing with supplies and treating casualties.

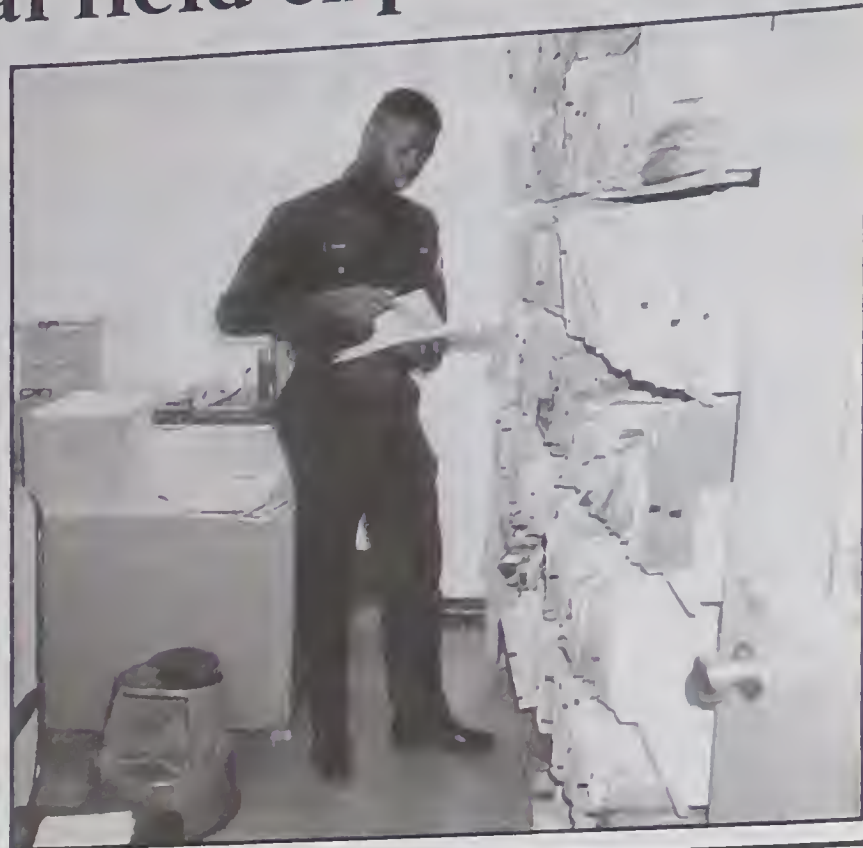
Trauma case

With the exception of one trauma case involving Saudi victims of an automobile accident, McLaurie said the casualties were mostly Marine and Army active-duty members. "—mainly people with heat stroke and heat exhaustion, broken limbs and lacerations."

But the 22-year-old native of Memphis, Tenn. didn't only take care of "his buddies" injuries, he also worked at uplifting their morale — lightening their mood with jokes and encouragement.

"People just loved having me around," he said with a smile. "I hated to leave because I made them laugh and brightened their day." But he said he's going to keep in touch with the many friends he made "out there" and do what he can through the mail.

McLaurie extended his three and half-year enlistment for another two years when he returned to Oak Knoll. He left two younger brothers in the Persian Gulf, a sailor aboard the USS Saratoga (CV 60) and an Air Force personnel clerk in Saudi Arabia.



Influenza vaccination

By CAPT Robert L. Brawley, MC, USN
Head, PMT Dept.

Influenza is an acute, usually self-limiting, illness with fever, caused by influenza viruses type A or B. Outbreaks occur with varying severity almost every winter. The disease occurs worldwide and is an illness which international travelers may encounter during seasons other than winter in the United States.

Influenza infections are spread from person to person through coughing or sneezing to large numbers of susceptible individuals.

After an incubation period of one to two days, typical influenza illness is characterized by the abrupt onset of fever, sore muscles, sore throat, headache and cough. These systemic symptoms normally last for the usual 3-

day or so duration of the fever.

More severe influenza illness can result if primary influenza or bacterial pneumonias develop. Increased mortality during influenza outbreaks results not only from influenza and pneumonia, but also from chronic diseases of the heart, lungs, and other organ systems that are aggravated by influenza infections.

Influenza is controlled by vaccination and specific antiviral medications. However, because antiviral medications are effective only for influenza type A infections, vaccination is the best option for most individuals.

Influenza vaccination is a requirement for operational readiness for active duty personnel. It is also recommended for dependents and retired service members who are at high

risk for influenza complications or persons who may transmit the disease to them.

The Center for Disease Control recommends targeted vaccination programs for individuals who are at greatest risk from cardiopulmonary complications from influenza infections. The groups include:

- Persons 65 years of age or older.
- Residents of nursing homes or chronic care facilities housing people with chronic medical conditions.
- Adults and children (6 months and older) with chronic disorders of the heart or respiratory system, including asthma.
- Adults and children (6 months and older) who need medical care for diabetes, kidney diseases, cancer chemotherapy and other diseases that alter immunity to

infections.

• Children and teenagers (6 months - 18 years) who take therapeutic aspirin regularly, usually for arthritis.

Influenza vaccinations for active-duty personnel, retired service members and adult dependents will be available this year at Naval Hospital Oakland (NHO), branch medical clinics and at NAVCARE in Oakland. Children may receive influenza vaccinations at NHO, branch medical clinics with pediatric care and at NAVCARE.

Points of contact for questions about influenza vaccinations are Chief Petty Officer Jean McColley or Capt. Robert Brawley at NHO's Preventative Medicine Department at 633-5872.

(Editor's Note: This is Part I of a two-part article. Part II will be published in the November 30th issue.)

SNEEZES

SPREAD DISEASES



COVER UP!

Lee Greenwood promotes Cal Vet home loan program

SACRAMENTO, Calif. — Singing and songwriting aside, Lee Greenwood's commitment to veterans should enshrine him in the Country Music Hall of Fame. The country music star is promoting yet another veteran's program: Cal-Vet home loans.

Best known for his award-winning song, "God Bless the USA," Greenwood spent the day in his native Sacramento recently, promoting Cal-Vet during a visit to the state capitol, where he received the highest commendation ever bestowed by the state legislature.

Following his appearance

on the assembly and senate floors, Greenwood attended a number of functions organized in his honor — among others, a private reception in the Assembly speaker's conference room, a visit to the California Department of Veterans Affairs (CDVA) hosted by its director, Jesse Ugalde, and a meeting with Governor George Dukmejian.

During a ceremony at the state Vietnam Veterans Memorial, Greenwood presented Cal-Vet loan contracts to two Vietnam-era veterans Michael Stafford of Placerville and Phil Carter of Sonoma and their wives.

"We're glad to be gathered here today for a wonderful cause," Greenwood said, "to give back some things that I think America owes its veterans."

Greenwood said that eligible veterans can borrow the money "for a song," and recommended California veterans pass the word that Cal-Vet's current interest rate is just 8 percent.

Honoring a special request from Chief Deputy State Treasurer and Vietnam veteran B. T. Collins, Greenwood concluded the ceremony with his patriotic anthem, "God Bless the USA," the song that has



Lee Greenwood (center) poses with Vietnam veterans and their wives.

endeared him to the military, veterans and their dependents.

Greenwood said his USO tours have taken him to parts of the world that have produced many of the veterans important to America — Europe,

Korea and Vietnam.

"I very much respect veterans and what they've done," he said — a sentiment reciprocated by Cal-Vet home owner Stafford who said that the feeling was mutual.

Picnic: food, folks and



Wheel of fortune.

On a warm October day, children of deployed personnel joined the NHO family for a day of fun and games. (Photos by JOC Robert Hansen and A. Marechal-Workman)



Children participate in the boat ride, a favorite game at the picnic.



Reserve nurse CDR Patrice Lappert (right) rests from her Same Day Surgery schedule, as her son, Joseph, takes a piggy ride with Ombudsman Denise Allhouse.

November 9, 1990

fun



Eric Dellisle of CFC fame poses with his dad and mom, HMC Karen Dellisle.

MWR

What MWR can do for you

By Melinda S. Bernard,
Staffwriter

When was the last time you went to the movies for \$1.50, participated in an exuberating aerobic workout, went bowling with friends, socialized at Club Knoll, borrowed a book from the library or simply relaxed in a cozy sauna?

These activities are a mere sample of the wide variety of services provided by Oak Knoll's Morale, Welfare and Recreation Department (MWR), located in building 38.

Despite the challenge of the recent deployment that depleted the initial staff by more than one-half, MWR is continuing to provide these services. A newly activated reserve chief, Senior Chief Hospital Corpsman Mike Davila, has assumed some of the responsibilities of running MWR. With him comes years of valuable reserve experience, which is an asset to this command.

In 1965, while a high school student, Davila joined the Navy Reserves, right when the war with Vietnam was beginning to escalate. After college, he served two years on active duty at Naval Hospital Guam as senior corpsman of the Pediatric Clinic. Davila has served in the reserves with units located at Treasure Island and Alameda and has been affiliated with Reserve Unit, Hospital Oakland 120 since 1983. As a civilian, he works as a supervisory investigator for the United States Food and Drug Administration in San Francisco.

Although Davila's duties are new to him, his goals are clearly defined: MWR is dedicated to preserving

a high level of morale, welfare and recreation for military members and their families. In essence, welfare (i.e. health, happiness and prosperity) and recreation are the fuels which ignite the flames of high morale and dedication. A sense of purpose, usefulness and confidence are derived from physical and psychological fitness, said Davila.

According to Davila, the tensions aroused by the current crisis in the Gulf provide MWR with an important role. "Adverse circumstances place military members and their families under significant stress. Now, more than ever, it is important for the community to maintain high morale and dedication — this is MWR's mission.

"So whether you're a reservist who has recently been activated, an active-duty member whose friends and loved ones have recently been deployed, or an individual affiliated with the military community, MWR is there to fulfill your needs.

"The concept of what we do extends beyond the realm of simply providing recreation," Davila said. MWR operates Club Knoll — a combination club for officers and enlisted — the gymnasium, bowling center, swimming pool, softball field and picnic ground and library. It also oversees the Tickets and Tours Office located in Building 38 and shows movies in the Clinical Assembly on the third deck of the Hospital.

Other services offered by MWR are detailed in a monthly newsletter that is distributed

to various locations throughout the command. Additional services include:

- Intramural sports
- Sporting and camping gear rental
- Aerobics
- Weight room and saunas
- Tennis and racquetball courts
- Bowling Center including a big screen TV and pool tables
- Picnic area for staff parties
- Swimming pool and showers

For further information or suggestions, please contact MWR in Building 38 at extension 3-4550. Additional areas managed by MWR include:

- Tickets and Tours
3-4516, HM2 Spearman
- Swimming Pool
3-6365, Fred Felker
- Gymnasium 3-4509, SH1 Fernandez
- Basketball 3-6450, Ron Brown
- General Library 3-6127, Robert Bernhardt
- Bowl-N-Cue 3-6730, HM1 Espinosa

"I feel it is vitally important that the NHO staff, especially these newly assigned reservists, really get to know MWR and what we have to offer them and their families. We are here to serve, so please give our facilities a try," concluded Davila.

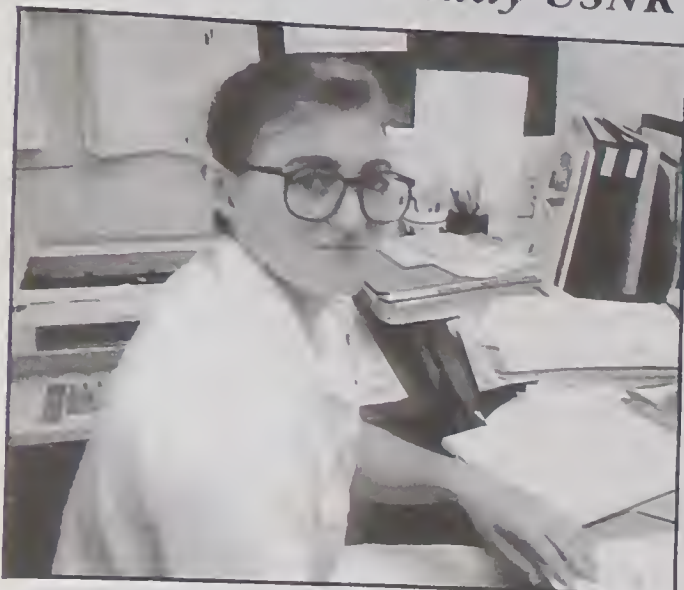
(Editor's Note: Starting November 15, Club Knoll will offer free delivery service of pizza and chicken here on base, Mon.-Sat. 5 to 10 pm and on Sunday, 11 am to 5 pm. Keep your eyes open for fliers and further information in Red Rover's next issue.)



Clowning around.

Oak Knoll up-close

YN3 Tracy L. Roundy USNR



Current career area: Reserve Liaison Office
Your job: Serve as liaison between reserve personnel and active duty command.

Marital status: Single.

Hometown: Salt Lake City, Utah.

Hobbies: Reading, swimming and, lately, aerobics.

Likes: Being here. I love the ocean and exploring the city.

Dislikes: Rude people.

What is the most challenging part of your job? Tracking down information the reservists need.

What is your immediate goal? Finishing school so I can teach.

If I could do it all over again, I'd: Help us all to be a little more prepared for this situation.

I respect myself for: Strength, independence.

Role models/heroes: Anyone who stands up for what they believe in.

Additional comments: I've really been impressed with the way the staff, active duty and mobilized reserves, have handled the situation.

Stacie M. Cumbie, GS-04



Current Career Area: Command Evaluation Department.

Your job: I'm the secretary for the Command Evaluation Department.

Marital Status: Single.

Hometown: Kokomo, Indiana.

Hobbies: Aerobics and shopping.

Likes: When people take the time to explain things to me; swimming and surprising gifts.

Dislikes: People without manners and people who play around and don't get the job done on time.

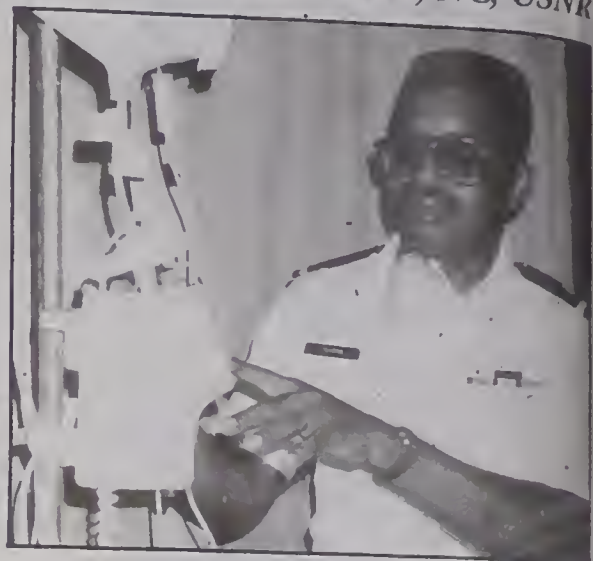
What is the most challenging part of your job? Learning about different computer programs.

What is your immediate goal? To keep moving up in grade levels.

What is your long-term goal? To graduate from college with a Bachelor of Arts in computer technology or business administration.

If I could do it all over again, I'd: Start college right after high school instead of waiting a year.

Ens. Norman Tillman, NC, USNR



Current Career Area: 9-West, Medicine Ward.

Your job: Night charge nurse — overseeing proper functioning of ward. Administrative and patient care duties on the very busy, 9-West ward.

Marital status: Married.

Wife: Pamela.

Children: Allison.

Hometown: Oakland, Calif.

Hobbies: Music, socializing, multi-ethnic food dishes.

Likes: Good food, friendly people, playing with my child.

Dislikes: Rude people, standing watch duty.

What is the most challenging part of your job? Great degree of responsibility for patients safety. Continuous practice of leadership skills.

What is your immediate goal? Satisfactory job performance on each shift. Living for my bi-weekly three-day weekend.

What is your long-term goal? To resume my two-week vacation that was interrupted before being called to active duty. Resume pursuing master's degree in public administration.

If I could do it all over again, I'd: Take my vacation before recall or attend more parties and music concerts.

I wish I could stop: Feeling powerless at times, when facing the current nursing shortage on a busy ward.

I respect myself for: My calmness and ability to think out a situation to choose the best plan of action.

Role models/heroes: Relatives and friends (living and dead) who have supported me throughout my lifetime.

Chaplain's Corner

By LT K. M. Seyb-Stockton, CHC, USN

"We all know what we need to do about stress," said a single mother of two. "We need to be good to ourselves, exercise, eat right, get plenty of rest and be sure to include some time for pleasure. I can only dream of that right now — I'd need a full time maid, cook and chauffeur!"

The parents who became "single" due to Operation Desert Shield deployment can relate to the above statement. In their case, the resulting stress was compounded by unexpected crisis, with its uncertain schedule in a possible hazardous area. In fact, anyone who has suffered a change in life-style, work or other daily routine is guaranteed an increased stress level and it can easily increase to

unhealthy levels without some attention to self-care.

Karen Neissbaum, executive director of 9 to 5, the National Association of Working Women and the mother of three young children, says, "Stress is defined in terms of time and worry." Those who are carrying the entire load of the family responsibilities and activities have less time to process everything that is happening in their lives, and stress is increased. The same goes for those who are left to carry the load of patient care without the familiar network of support and for those called upon to fill a new position in a new organization on short notice. The lack of time for a gradual transition is a definite stress producer.

The opposite is just as stressful, however. Those who are left, without a family near-

by to care for, may find they have excess time. Our shipmates out on USNS Mercy and on the ground with "Operation Desert Shield" are more likely to have to cope with this problem while they wait for the expertise to be needed. This lonely, empty time also causes stress, for it magnifies the change that has taken place in one's life. Regardless of whether we feel we don't have enough time to get everything done that needs doing or we have too much time on our hands... the stress resulting from the imbalance is the problem.

We each need to take a look at our expectations of what we can accomplish to see if they are realistic. God doesn't expect us to give of our time, talents or energy beyond our means nor should we. When we expect ourselves to meet the need without ask-

ing for help regardless of what our resources are, we set ourselves up for unhealthy stress that leads to physical, spiritual and psychological burnout.

Excess worry leads to a similar problem as a time/responsibility imbalance. The destructive element of worry is that it is energy spent in a way that cannot produce a positive result. This also is physically, spiritually and psychologically damaging.

The best strategy for coping with excessive stress

begins with awareness. Pay attention to your body and your reactions to identify when your stress level is increasing or decreasing. Prayer and meditation are also tools to increase your self-awareness. Spend a moment in prayer asking for illumination into the stress process of your life and asking for the will and guidance to make the necessary changes. Try to remember what has worked for you in the past to reduce stress and pray for those conditions to come into your life at this time.

November 9, 1990

People, places, events at Oak Knoll



LCDR Stephen Astrachan (left), head of Patient Administration, presents a well deserved award to Sister Elizabeth for a job well done. Sister Elizabeth is in charge of Registered Record Administration. (Photo by JOC Robert Hansen)



RADM David M. Lichtman (right) discusses micro surgery at NHO with Major General Omar Sariac. Sariac, who toured the hospital in October, heads a similar facility in Turkey. (Photo by JOC Robert Hansen)



"I plan to be lazy for a while, spend more time with my family, travel, just do what I want to do," said Sophia Stanley. After 30 years of government service, Stanley, who works in Fiscal Division, Naval Hospital Oakland (NHO), has retired. Before she started here in July 1970, she worked at various government agencies such as the Veterans Administration Hospital, Oakland; Oakland Army Base and Personnel Support Detachment, Treasure Island. Stanley said she has always considered NHO to be her command, adding, "It didn't bother me to be a civilian in the service — these are my people." "I have met and worked with a lot of nice people in this hospital," she said. "I really have enjoyed my time with the service, it was rewarding."

Desert Shield update

Life aboard USNS Mercy

Many of us often find ourselves wondering about how life is going for our comrades aboard the Mercy. What are they doing in their spare time, how are they feeling, what is the food like, etc. Thus, while they are away, we will keep you updated by publishing excerpts from various letters to keep you informed.

"I wonder how life is back at Oakland — sure hope you all have enough support. It

feels really good you all have confidence in me, but it also feels good to know Oak Knoll will be alive and kicking when I get back.

We have BINGO on Thursday nights. Let me tell you — Bingo players can be ruthless! These people could turn into a nasty crowd. Cdr Griffin had the UN-LUCK of winning the grand prize of \$100.00 — two times in a row! (Figure the odds!) And

everyone thought the game was rigged. How in God's name do you rig BINGO?

...LTJG Nancy Dickey, MSC

We would all like to thank you for the cards and mail, out here. It is the high point of the day. WE HOPE YOU KEEP IT COMING.

If anyone has any magazines they have already read please forward, we don't care if they're a month old.

...MS2 Darnell Williams

(Editorial Note: If anyone has any excerpts they would like to share, please bring them to the Public Affairs Office, Bldg 73C or call HN Melinda Bernard at 3-5918.)



Veterans'
Day
Nov. 12

Ombudsman Notes

Oak Knoll ombudsman Denise Allhouse, Sandy Carman, Alice Poole and Jane Timoney are still hard at work in behalf of deployed personnel and their families. Together with others at the command, they continue to

make difficult times a little bit easier, and would like to share the following with you.

• A command Christmas party for all children and families is scheduled for Thursday, December 12. Watch

the next issue for details.

• The MARS ham radio system will, hopefully, be operative within two weeks. Volunteer ham radio operators are needed. Contact Command Master Chief Mike Stewart at 633-5324 if you can help.

Send a package to your shipmates

Many Naval Hospital Oakland medical staff members assigned to "Operation Desert Shield" are currently working with Marine Corps units in Saudi Arabia. Won't you take the time today to drop a card, letter, or send a "goodie" package to any of them. If you are not writing to someone personally, add "Any NHO Military Personnel" to the addresses listed below, attention Battalion Chief Petty Officer.

MEDICAL BN
1ST FSSG
FPO SAN FRANCISCO, CA 92054-5702

HQ BN 1ST MAR DIV
FPO SAN FRANCISCO, CA 96608-5502

1ST BN, 4TH MAR REG
FPO SAN FRANCISCO, CA 96608-5505

1ST BN, 5TH MAR REG
FPO SAN FRANCISCO, CA 96608-5508

HQ 11TH MARINE REG
FPO SAN FRANCISCO, CA 96608-5515

3RD BN, 11TH MAR REG
FPO SAN FRANCISCO, CA 96608-5518

5TH BN, 11TH MAR REG
FPO SAN FRANCISCO, CA 96608-5523

HQ 7TH MARINE REG
FPO SAN FRANCISCO, CA 96608-5511

1ST BN, 7TH MAR REG
FPO SAN FRANCISCO, CA 96608-5512

2ND BN, 7TH MAR REG
FPO SAN FRANCISCO, CA 96608-5513

3RD BN, 7TH MAR REG
FPO SAN FRANCISCO, CA 96608-5514

3RD AMPHIBIOUS ASSAULT BN
FPO SAN FRANCISCO, CA 96608-5522

1ST TANK BN
FPO SAN FRANCISCO, CA 96608-5521

1ST COMBAT ENGINEER BN
FPO SAN FRANCISCO, CA 96608-5519

1ST RECON BN
FPO SAN FRANCISCO, CA 96608-5520

1ST LAI BN
FPO SAN FRANCISCO, CA 96608-5523

3RD TANK BN
FPO SAN FRANCISCO, CA 96608-5525

3RD LAI BN
FPO SAN FRANCISCO, CA 96608-5526

HQ 1ST MEF
FPO SAN FRANCISCO, CA 96608-5401

9TH COM BN
FPO SAN FRANCISCO, CA 96608-5403

1ST ANGEL CO
FPO SAN FRANCISCO, CA 96608-5711

1ST FORCE RECON CO
FPO SAN FRANCISCO, CA 96608-5403

1ST SRI GROUP
FPO SAN FRANCISCO, CA 96608-5403

Chiefs humiliate MSC officers in softball game



By JOC Robert Hansen

Led by the big bat of Command Master Chief Mike Stewart, NHO's Chief Petty Officers Association soundly defeated the Medical Service Corps (MSC) officers 4 to 3 in their annual softball game October 18. Stewart, who scored the Chief's first run and went four to four at the plate and drove in the winning run, attributed their success to raw talent and the "eagle

eye" of the umpire, Rear Admiral David M. Lichtman. Lt. James Jackson, himself a strike-out victim, admitted that the MSC officers were just plain out-classed.

The Chiefs struck first when Stewart scored easily the first inning. Not wishing to embarrass the officers too badly, Master Chief Rob Lyons pretended to lose an easy pop fly in the sun in the second inning, after which the

infield deliberately misplayed a couple of easy put-outs and allowed MSC to score three unearned runs. After lulling the officers into a false sense of security, the Chiefs decided to seal their fate late in the game when Senior Chief Gary Chapman scored the winning run.

No box score will be published — they (the Chiefs) don't want to embarrass the MSC officers any further.

Foundation Health News

By Jane Rimer
Enrollment Manager

OAKLAND, CA — With Desert Shield deployments siphoning staff from area military treatment facilities, many current and retired military families are having to pay high out-of-pocket costs for civilian health care.

At Bay Area military installations, however, these fam-

ilies have another option, called CHAMPUS Prime. This program offers active duty dependents and other CHAMPUS eligibles an affordable alternative to standard CHAMPUS.

For example, an active duty dependent scheduled for surgery at Oakland Naval Hospital is triaged to a civilian hospital. Under stan-

dard CHAMPUS, this patient will pay a \$25 copayment or \$8.35 per day — whichever is higher. As a CHAMPUS Prime member, he or she will receive the care at no cost from one of the CHAMPUS Prime accredited hospitals.

Other benefits of CHAMPUS Prime include:

- Five-dollar general doctors' office visits

Civilian News:

By Sydney Santos

Federal Employee Health Benefits

The annual open season for health benefits will run from November 13 to December 10. During this period civilian employees may enroll or change health plans. Prior to the start of the open period each eligible employee will receive a booklet that contains the new 1991 rates for each plan and briefly lists their coverage. Employees interested in enrolling or changing plans should request from Civilian Personnel copies of the individual plan brochures they are considering before making a final decision.

To help employees in deciding which plan to choose, a health fair will be conducted November 29, 2 to 3 pm in the hospital's main dining room. Representative from most plans will be there to answer questions.

Training

The following courses will be offered during the first quarter of Fiscal Year 91:

Date	Course	Who Should Attend
Nov. 7 (4 hrs)	Classification	Supervisors
Nov. 23-30 (24 hrs)	Basic Supervisory	Supervisors
Dec. 11-14 (8 hrs)	Basic Navy Correspondence	Clerical Employees
Dec. 11 (1 hr)	Supervisor Update	Supervisors



HEMOHELPASAUR

(Blood Donor Dino)

GIVE BLOOD FOR LIFE

DATE: Thursday, November 15, 1990

TIME: 10 am-4pm

LOCATION: Gymnasium

CONTACT: Your key person or call Chief Madlangbayan at 633-5531 to sign up!

• No annual deductibles or premiums

• A personal doctor

• Preventive care — mammograms, immunizations, pap smears (not offered through standard CHAMPUS)

• A twenty-four hour health care help line

CHAMPUS Prime is offered by the Department of Defense through a contract with Foundation Health of

Sacramento, California. If you are CHAMPUS eligible, you are entitled to use this program where it is available.

For CHAMPUS Prime enrollment information, please call 1-800-242-6788, visit the CHAMPUS Service Center at Oakland Naval Hospital (415/430-3500) or contact Donna Baldasari at 415/946-1130.

Mobilization

Continued from page 1

on station and staffed, Fowler said her staff is now involved in more routine aspects of the job.

"We're looking at the planned rotation dates (PRD) of the people," she said. "We're transferring them off within 30 days of their PRD's, bringing them back and sending over their replacements."

Fowler, a former enlisted person herself, has high praise for her enlisted staff.

"They're good — they work hard. Senior Chief Petty Officer Leon Francisco, USNR, and I work like clockwork together. He knows the routine, and the people respect him. As a junior officer it's nice to have someone like him around."

Nobody knows what course the tide of events will take. However, we can all be sure that whatever happens, the staff of mobilization planning will be ready for any contingency.

(Editor's Note: Lt. Mike Sashin was head of mobilization planning at the start of mobilization. The departments in now headed by Lt. Fowler.)

Mercy

Continued from page 1

learn and a lot to practice... and if we take this part of our mission seriously, we will be able to react automatically, and those automatic reactions could save our lives and the lives of our patients."

To fulfill these goals, Reyes said that the crew attends daily classes developed by Education and Training, under the directorate of Nurse Corps Lt. Cmdr. Carol Bohn.

"We have chemical warfare drills, mass casualty drills, gas mask drills, abandon ship drills, man overboard drills, Code 4 drills," he said, explaining that "Code 4" means simulation of a heart attack.

In addition to those drills, Nurse Corps Ens. Dawn Merkel

said they had to learn how to make the bunk beds that took three to four people to lift and put down.

"We had competitions, like scavenger hunts," she said. "It was just a way to teach you how to fix different areas, how to do different types of dressing."

According to a recent communique from Mercy's Public Affairs Officer, Lt. Kim Stefansson, seeing patients is also part of the hospital ship's normal operations.

"As of October 26, Mercy [had] admitted about 200 patients from both sea and land-based units in the [Persian Gulf] area," she said. "102 cases have been treated in the operating rooms and have ranged from orthopedic cases, such as arthroscopies, to appendectomies."

"In addition, Mercy's optical lab was in operation just five days out of port and has created 277 pairs of glasses since then. The dental staff has seen 485 patients and sick

call has seen more than 2,000 patients."

The CT Scan was used during the Mercy's first day out of the San Francisco Bay and has been utilized 27 more times since. The physical therapy department has been averaging 15-20 patient visits a day for a total of over 450 to date, according to Stefansson.

What's more, during a tour by 300 Saudi medical staff members, the minister of health for the Eastern Province of Saudi Arabia tipped the scale even further when, according to Stefansson, he stated he was "very impressed" by Mercy's personnel.

"He noted their obvious knowledge, their high morale and the pride they displayed for their ship," she said, adding the minister indicated he would pass his impressions on to Saudi Arabia's King.

"Overall, the morale of the crew is equalled only by the ship's mission readiness," Stefansson concluded.



Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published monthly for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

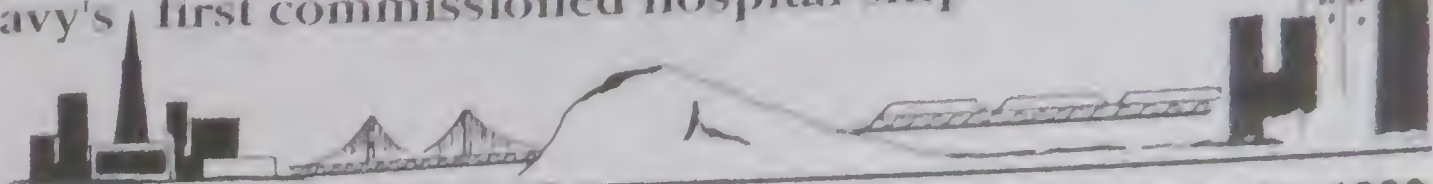
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Commanding Officer: David M. Lichtman
Executive Officer: Noel A. H...
Public Affairs Officer: Paul Sacer
Editor: Andree Marechal W...
Editorial Assistant: Melinda B...

RED ROVER

The Navy's first commissioned hospital ship



Volume 2, Number 18

Naval Hospital, Oakland 94627-5000

November 30, 1990

Catchment management

By CDR Gregg Gibbons,
MSC
SFMC Health Care
Planner

The impending closure of Letterman Army Medical Center (LAMC) and the employment of many Naval Hospital Oakland staff to the Middle East has focused the attention of many beneficiaries on the issues surrounding health care delivery. How has health care been affected? How will it be affected? How can we continue to serve our patient population and continue to provide quality health care?

These are all questions being addressed by the Catchment Area Management Committee (CAMC) of the San Francisco Medical Command.

The CAMC is the primary strategic planning element of the San Francisco Medical Command (SFMC). The committee focuses on exploring

new delivery initiatives designed to facilitate access to quality medical care for the beneficiaries in the greater Bay Area — known as the "catchment area." Representatives with expertise in resource management, patient administration, health care planning and law comprise the committee.

Communications between the Army and the Navy are another vital concern of the CAMC. Working in close partnership with Foundation Health, a CHAMPUS Reform Initiative Advisory Board was established to identify creative ways to reach Bay Area beneficiaries with information and to receive feedback on the needs and concerns of the military community, particularly in the West Bay Endeavors such as obtaining membership on the LAMC Transition Task Force, establishing and maintaining contact with civil-



ian personnel and public affairs officers at monthly meetings are major initiatives designed to keep the command and beneficiaries

aware of the issues and changes pertinent to the closure of LAMC.

Through these efforts, SFMC is better able to antic-

ipate the needs of the beneficiary and employee communities and respond to their requirements for information.

LAMC closure

impact on the staff and beneficiaries of Oakland Naval Hospital.

The closure will be accomplished according to a definite time line that will begin July 1, 1991 with the ending of the Graduate Medical Education program. On that date, there will no longer be intern, resident or fellowship programs at Letterman.

It will take approximately three months to fully implement the downsizing from the present 340-bed medical center configuration to a 100-bed community hospital facility. During that period, many Letterman beneficiaries will be looking for alternative means of obtaining their health care. Obviously, Oakland Naval Hospital (NHO) will be a viable alternative for a num-

ber of these patients.

Starting in October 1991, Letterman will be considered a community hospital, and many of its Graduate Medical Education programs will have been transferred. The downsizing will not end there, however. Through attrition and normal reassignments, Letterman will spend approximately two years cutting back to a health clinic and will remain such until the last soldier has left the Presidio.

Letterman and Oak Knoll officials, in close coordination with the San Francisco Medical Command, are attempting to educate beneficiaries about their rights concerning CHAMPUS and MEDICARE. This will be an ongoing project until the final closure of Letterman is complete. There are plans

for many different programs to be available to eligible personnel in the Bay Area.

This is a time for the spirit of the San Francisco Medical Command to excel.

We will face this event together. The mission of NHO and LAMC remains the same — to provide the best possible health care to our beneficiaries.



By Mike Meines,
Letterman Army
Medical Center Public
Affairs Officer

SAN FRANCISCO, CALIF. — Letterman Army Medical Center (LAMC) will be closed by 1995. More than 3,000 people will close in 1993. They will have a very big

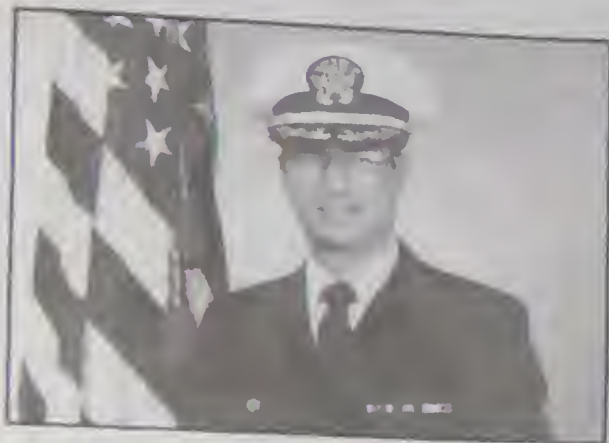
Dear ship mates,
My name is
Angela, I go to
Christian Life
School, I'm in the
4th grade. My
Birthday is in May.
I will pray for you
guys. I hope you
guys win. I know
you will win.
California is beautiful,
but the avocados are 2 dollars
each. That's a lot.
I will pray for you.
I hope you have a
good time.

(4th Grader)



Cookies and letters
for USNS Mercy...pages 6, 7

From the Executive Officer
Capt. Noel A. Hyde,
MSC, USN



Naval Hospital Oakland (NHO) has a special resource that may sometimes be overlooked. That resource is our civilian work force of almost 600 strong. Among other things, our civilian staff members provide the continuity of operations that we depend on to keep the command operating efficiently.

When our staff began deploying to Operation Desert Shield, many of our work centers lost most, if not all, of their military staff. The activated reservists who came aboard did a superb job, but, not having worked here full time, they didn't always know the office, ward or clinic routine. Our civilian staff had the corporate knowledge, and they jumped to the challenge of ensuring the reservists' integration into the day-to-day routine.

The Food Services Department was especially hard hit. Most of their military staff went in the first wave. The civilians stepped in, sometimes moving to different jobs, and the department was quickly able to adapt.

Also, let's not forget the contract nursing staff. They're not directly on our payroll, but they're very much a part of our family. They buckled down, without complaint, and worked with the activated reservists so that the quality of our care didn't miss a beat.

There are civilian personnel scattered throughout our facility. In some instances, after the USNS Mercy deployment, they were the only personnel left in their departments. They worked hard, long extra hours, to "bridge the gap" during those hectic days in August and September. They rose to the occasion in the finest tradition of Naval Hospital Oakland.

I salute each and every one of them, and I am proud to call them "shipmates."

OAK KNOLL PERSPECTIVE

From the Commanding Officer
RADM David M. Lichtman, MC, USN



If you read the daily newspapers or watched the evening news recently, you may have noticed a flurry of reports concerning sexual harassment in the military. Unfortunately, most of the press the Navy received was negative.

The Navy has in the past, and will continue in the future to make the complete elimination of sexual harassment one of its top priorities. And more than likely, this subject will be an item of interest on our upcoming IG inspection list in January.

Each individual who works at the hospital — civilian or military — has a responsibility to report any incident of sexual harassment or discrimination he or she encounters.

Supervisors should ask themselves what their responsibilities are in these areas. And if they are not sure about them, contact the command's Equal Opportunity Office for more information.

I am very proud of Naval Hospital Oakland's reputation as "a special place." To every person I meet and in each public speech I make, I reiterate this. Therefore, I am asking each and everyone at this command to help me preserve our reputation by making sure sexual harassment and discrimination are not tolerated at this command or in "our" Navy.

From the Command
Master Chief HMCM (SS)
Michael L. Stewart, USN.



It has been three months since Operation Desert Shield took our loved ones away from us. I know you all are very proud of them and of what they are doing to help in this struggle for freedom.

As the holiday season rushes in once again, let's take time to reflect on the positive and not dwell on the negative aspects of separation. Think about that special person who may be on the Mercy or the grueling heat of the Saudi desert with the Marines. Each and everyone of them contributed great things to make this "a special place."

Think on how, at this season of giving, they have given of themselves so that we might continue to enjoy our freedom.

We are indeed very fortunate to have such special people as our friends, and to be able to call them shipmates. If there was ever a time when they needed our help, prayers and support, it is now. Won't you take ten minutes and write.

Those brave corpsmen who are with the Marines may not see any special Christmas show this year or be able to eat a big holiday meal. Cookies are great, but what they really need is a letter from you to let them know that they are not forgotten, and that a day doesn't go by when they are not in our thoughts. So from someone who has spent a Christmas in a combat zone, I would encourage you to please help make Christmas special for "our" men and women who are so far from home. The letter or card you send may be the only one they get.

Listening Box

Q: There is a scarcity of chairs in the 3rd floor conference room (across from the clinical assembly).

Being a major conference room, in a major U.S. Navy Medical Training Center, it is unacceptable when virtually on a daily basis there are 10-15 doctors sitting on the floor for an hour-long conference.

A: The number of chairs in conference room 3-6-12 was increased to 25. Periodic checks will be made to maintain the number of chairs at a satisfactory level. Thank you for bringing this to our attention.

LT. J.E.T. Jackson, MSC
Head, Operating
Management Department

CFC campaign closes

Naval Hospital Oakland (NHO) demonstrated once again that it truly "cares for community" by contributing over \$60,000 to the 1990 Combined Federal Campaign (CFC).

"I think that under the circumstances NHO has done exceptionally well," said Rob Corneil, CFC account executive for the Navy in the San Francisco area. "Despite the loss of staff to Operation Desert Shield, NHO will be one of the two top performers in my area."

According to Corneil, we certainly would have exceeded the 1989 NHO record of \$75,000, had all the staff been here.

"NHO would probably have fallen in the \$90,000 to \$100,000 range," he said.

Capt. Fang Lin, Medical Corps, NHO's campaign co-ordinator echoed Corneil's comments.

"I think that considering the situation we're in, and with 20 percent of our remaining staff being reservists we've done well," she said. "Reservists can't make payroll allotments."

Final figures are still being tabulated and will be announced in future issues of the Red Rover.

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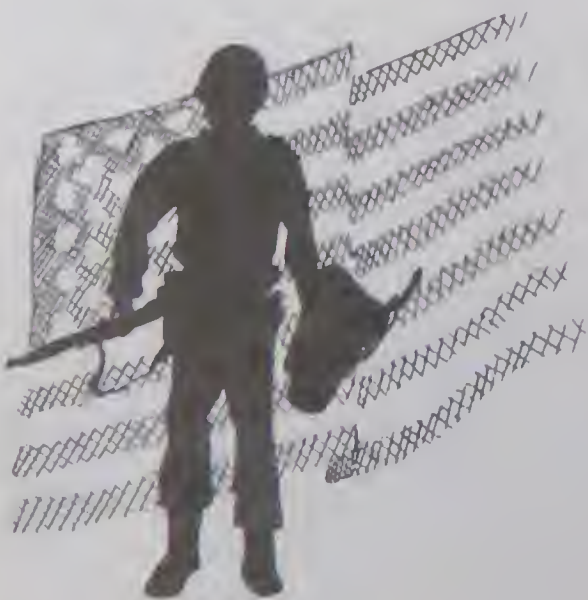
Andree Marcelle Wilk

Assistant Editor

JOE Stephen Brown

Staff

Mehula B. Bhat



November 30, 1990

Plans progressing for day care center this summer

By Andree Marechal-Workman

The possibility of a day care center by summer and the reality of free delivery service on base of pizza and chicken by Club Knoll drew applause from residents assembled for a Town Hall meeting October 31. Some 30 people attended the 7 p.m. meeting in the clinical assembly presided by leading resident, Rear Adm. David M. Lichtman.

"I've been very happy with the progress of all the things that are going on," Lichtman said. "I think this base will be even more attractive once the construction is finished." He said he wished more people would use the "best swimming pool in the Navy," and urged command personnel

to "spread the word around about Club Knoll."

Stressing the command's concern about safety, Lichtman commended the professionalism of Master Chief Petty Officer Thomas C. Noble, a senior security reservist from California Highway Patrol, who works in Southern California. He also introduced resource people on his staff, who made informative presentations about the many services and materials available to residents.

Lichtman addressed the problem of roving pets and urged owners to keep close watch on their animals. In this connection, Capt. Robert L. Brawley, Medical Corps, head of Occupational Health/

Preventive Medicine, warned that humane traps were being set, indicating that while pets with collars would be turned over to Security for pick up by owners, animals without collars would be sent to the pound.

Other issues raised by the township included lead content in drinking water, tree cutting, courteous telephone communications, illegal parking, erosion prevention and sprinkler-induced yard flooding. These issues have been referred to the appropriate authorities for action.

About 800 people live in base housing. Admiral Lichtman asked those who attended to encourage their neighbors to come to the next meeting.



New patient contact representative

By JOC Bob Hansen, USNR

"We don't want our customers to leave unhappy," said Chief Petty Officer Karen Delisle, who recently became Naval Hospital Oakland's (NHO) command patient contact representative.

"We can't correct problems or listen to complaints unless we know they exist."

NHO instruction 6320.55B spells it out precisely: The Patient Contact Program is designed to serve as a communication mechanism contributing to awareness and resolution of problems in the health care of beneficiaries. The purpose of the program is to ensure that patient care is rendered in a courteous manner that respects the dignity of patients and staff, and to provide an avenue by which issues are received by concerned staff. The program encourages resolution of problems at the lowest level.

According to Delisle, "If a patient has a problem with



care or service he/she could ask to speak to an area representative. Usually the problem can be corrected at that level. But if the area representative can't solve it,

then the patient can go to the quarterdeck and ask to speak to me — the command patient contact representative."

Continued on p. 12

Korean War Veterans: You're needed on the line

The Korean War is not over yet!

"One last campaign is now being fought to bring to reality a memorial authorized by Congress to honor those Americans who served in the Korean War."

That is the message being emphasized by General R. G. Stilwell, chairman of the Korean War Veterans Memorial Advisory Board, who says "our purpose is direct and hard-hitting." Stilwell was the Commander-in-Chief of the United Nations Command during the Korean War.

The plain fact is that less than 15 months remain of the five-year period established by law to design and begin construction of your memorial. Construction cannot begin until all of the \$11 million needed to complete the project has been raised. Stilwell reports that, to date, only \$6 million has been donated. Here's the situation:

- Location approval (on

the Mall close by the Lincoln Memorial).

- Design is selected (a powerful tribute to all who served).

- Sculptor is at work.

But Stilwell says that all will be wasted effort if the funds are not in hand.

The Korean War Veterans Memorial is appealing to all Korean Veterans — an their friends and families — to join together in a united effort to win this, "the last battle" says Stilwell, who adds:

"Five million Americans served during the Korean War. Each and every one has a stake in this fight and your contributions can put us over the top! Send your dollar — and one for the guy who didn't make it home" to:

Korean War Veterans Memorial, PO Box 2372, Washington, D.C. 20013-2372. Or make your \$2 contribution by calling 1-900-53KOREA; the charge will appear on your phone bill.

Sexual harassment and fraternization

By ADM Frank B. Kelso, CNO

WASHINGTON, D.C. — You've all seen recent press reports on allegations of rape, sexual harassment and fraternization at various Navy installations. We have much work to do in establishing true equal opportunity and a prejudice-free environment in the Navy. Rear Admiral Roberta Hazard, USN, has been directed to update our

comprehensive 1987 study on integration of women in the Navy, and to determine the extent of problems and recommended actions to correct the problems. Your full cooperation and support of this study are essential.

These are difficult problems, but those of us in uniform have a special responsibility to solve them. We have tackled equally chal-

lenging issues in our past. The Navy is in the forefront of society in the integration of minorities, zero tolerance of drug use, and equal opportunity for the professional advancement of women. The Navy must become a model for establishing a work place free of harassment for all our people. The American public rightly holds us to the highest standards. We have the advantage of screen-

ing everyone who will wear the Navy uniform from the outset. As we draw down in size, we can be even more selective when determining who will join our ranks and who will be retained. Those individuals who cannot or will not uphold the highest standards of personal behavior and professional integrity do not belong among our ranks.

We all must work to pro-

vide working and living places free from fear, intimidation and unprofessional conduct for all our personnel. Only in such an environment can our men and women excel. The personal involvement of each officer, chief petty officer and sailor is required to achieve this essential goal.

Oak Knoll up-close

Kim L. Freeman



Current career area: Planning Department, San Francisco Medical Command.

Your job: I'm the SFMC Program Analyst. I collect and interpret information which is usually in the form of numbers and statistics. In addition, I assist with health care planning and project coordinator.

Marital status: Engaged to Steven Hunter, who is currently on the USNS Mercy.

Children: Michael Scott Freeman, 4 years old.

Hometown: Lancaster, Pa.

Hobbies: Photography, guitar (classical and folk).

Likes: Adventuring with my fiancé and my son.

Dislikes: Indecisive drivers.

What is the most challenging part of your job? Explaining the results of the studies I do, which are sometimes very technical and complex, in a way that makes sense to everyone.

What is your immediate goal? To get married as soon as my fiancé comes back and return to a normal family life.

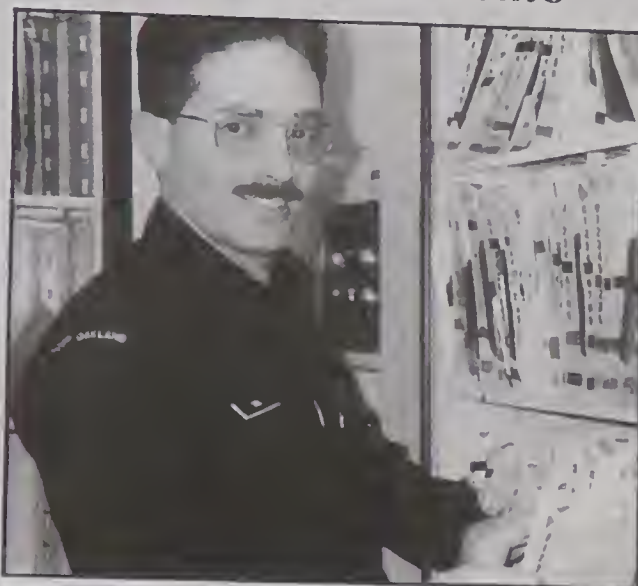
What is your long-term goal? To buy a home and settle in Washington state.

If I could do it all over again: I would have completed my course work for my Masters Degree in Business Administration.

I respect myself for: Being honest and giving my best effort in every project I do.

Role models/heroes: Margaret Thatcher.

DT2 David B. Sims



Current career area: Dental service.

Your job: Receptionist for dental appointments, maintain dental records, route patients.

Marital status: Married.

Wife: Rhonda Kay Sims.

Children: Melissa K. and Matthew Bryan Sims.

Hometown: Auburn, Calif.

Hobbies: Leather crafts.

Likes: Honesty and hard workers.

Dislikes: People who don't pull their weight, dishonesty and people who smoke.

What is the most challenging part of your job? Making sure that people come in for their exams and keep dental records up to date.

What is your immediate goal? To be the best leader I can be and to learn as much as I can about computers.

What is your long-term goal? To retire as a DTC and to do my best as a leader.

If I could do it all over again: I wouldn't change anything.

I respect myself for: Being a hard worker and always trying to follow orders within a timely manner.

Role models/heroes: Captain Lehman, Jesus Christ.

ENS Alyson Haeger, NC



Current career area: 9 West — Medical

Your job: Giving my patients the care they need; fulfilling their physical care needs as well as trying to help them cope emotionally with their hospitalization.

Marital status: Single.

Hometown: Scotland, Conn.

Hobbies: Biking, running, water skiing.

Likes: The staff I work with and the camaraderie of Navy life.

Dislikes: Being far away from my family.

What is the most challenging part of your job? Meeting all physical and emotional requirements of my patients.

What is your immediate goal? To get as much experience in as many different areas of nursing — broaden my nursing knowledge base as well as orienting to the Navy.

What is your long-term goal? Travel to a variety of duty stations and work in different areas of nursing patient care administration, etc.

If I could do it all over again: I wouldn't change a thing. I love where I am and what I'm doing.

I wish I could stop: Seeing so many critically ill people. It is very sad to see patients and their families suffer with an illness.

I respect myself for: Knowing that I am giving my patients the best care I know how to give and knowing that people are happy with the care they receive.

Role models/heroes: Senior officers on my ward and junior officers who have been here a while.

Personal Statement: I want to mention how wonderful it has been to get a chance to work with all the recalled reservists. They are truly dedicated people to their profession, and have taught me so much.

— Chaplain's Corner — All about fear

By LT Kenneth Westray, CHC, USNR

We all have fears. During this holiday season we will probably have to face more of our fears than normal. We are brought face to face with our fears poignantly due to Operation Desert Shield. Within my Christian tradition, I am constantly reminded by parishioners that they don't know how to pray. They fear leading faith-sharing groups and they don't want to talk about religion because it often leads to arguments. Within the military we live constantly with the fear

of evaluations, the fear of inspections, the fear that we or our loved ones will be the next to be sent overseas. Fear, of any type, can keep us from developing and using the gifts/talents which the Almighty God has given us.

The communities in which we live are fraught with many fears. We fear for our safety; we are afraid that our children will be tempted by drugs; that our income will not cover our expenses; that our parents will need more of our time, money or living space to continue to live a decent life.

This is not intended to make light of anyone's fears, but to say that in this realm, all we need to have is a healthy fear of the Lord.

In this season of thanksgiving, we should see that God has blessed us with varying fits. If we accept the gifts from the Lord and act as brothers and sisters to each other, we should be able to help alleviate each others' fears. As we move into our season of sharing, let us not be locked to our fears. Instead, let us open our hearts, our minds and our souls to the strength which is our God.



Oak Knoll Naval Guild sponsors jewelry sale

The third Oak Knoll Naval Guild jewelry sale will be held Friday, December 14, 7:30 a.m. to 5 p.m., in the classroom across from Clinical Assembly, on the third floor of the hospital.

Proceeds from the sale will be donated to Naval Hospital Oakland for services and equipment purchase not covered by the hospital's appropriated funding. These include books, ambulatory phones, wheel chairs and many others.

Point of contact for further information is Denise Allhouse, 430-8303.

Operation Desert Shield Spotlight

When the media calls

Tips for dealing with media queries

The families of service members deployed to the Mideast may find themselves approached by local and national news media representatives for interviews. Here are some recommendations to help respond. Please remember these are recommendations only, and not orders or directions.

Know your rights. It is your choice whether or not to speak to the media. You are under no requirement to do so. If you do choose to speak, remember it is your right to stop at any time.

Know the role and purpose of the American press. They are doing a job vital to the democratic process. Understand that it is not harassment when they call you at home or stop you on the street and ask for an interview. Only when they persist after having been told "no" does it become harassment.

Know with whom you

are talking. Before answering questions, write down the reporter's name, telephone number and the name of his or her new organization. Do this even if you're going to decline comment. It will discourage him or her from persisting after you say no.

Think about the subject of the request. If you decide to speak, decide beforehand: 1) Do you really know anything about the subject of the interview? 2) Does your reaction have any bearing on the story? (Remember that some reports focus on emotion rather than substance) and 3) Do you want to become quoted, and then possibly open yourself up to future questions from other media who would then know your identity? If you are still willing, speak from personal experience only. Don't try to speak for "everyone" in your group.

Know who will hear

you. Even family members might have information useful to opposing forces. Thanks to technology, anyone, friend or foe, can have access to what you say the moment you say it. On the other hand, when you are enthusiastic about your spouse's mission, your response can build morale and show American resolve.

Know your limits. It is best not to talk about anything of which you do not have first-hand knowledge. There is nothing wrong with saying quote "I don't know" in response to questions to which you have no answer. Keep privileged information, such as letters from your loved one, to yourself. Don't speculate; don't gossip; don't spread rumors.

Finally, if your spouse calls home with information about the unit's return to the states, with news about casualties or about how the mission is going, remember to

take what is said with a grain of salt and keep it to yourself. Combat, disasters and other difficult situations spawn rumors, and some of what you are told could be sensitive, wrong or subject to change.

(Editor's Note: It has come to the attention of the Public Affairs Office that some NHO members are under the impression that they are obligated to speak to the news media if contracted. This of course is not true! If you or your family are contacted by the news media, print or television, refer them to the Public Affairs Office at 633-5918. This is in no way an attempt to censor or restrict your freedom of speech, but rather a means of presenting the Navy and its members in the best possible light. If you have any questions, please feel free to contact the Public Affairs Officer, Mr. Paul Savercool at 633-6146.)

Ombudsman Notes

Due to the arrival of Neal James to the Timoney family, Jane will take the month of December off. Please address your questions to Denise Allhouse, Sandy Carman and Alice Poole during that time. They would like to share the following information with you:

• The MARS ham radio

system discussed in previous Notes is getting more and more of a reality. All we need now are volunteers with active ham radio licenses to man the station. To sign up, or for more information, contact Allhouse at 430-8303 or Command Master Chief Stewart at 633-5324.

• The date of the

Christmas party for the command's children, families and staff, inadvertently reported as scheduled for December 12 in last issue of Red Rover, will take place on Thursday, December 13. A small fee is being charged for dinner. Call 633-6401, 02, 04 for reservations or more information.



Capt. Paul Barry (Right) relaxes with shipmates aboard USNS Mercy. (Official Navy Photo)

What Reservists want to know

• **Are we going to be extended? If so, how soon will we be notified?**

According to Admiral James A. Zimble's message dated October 18 on rotation policy of involuntarily recalled reservists, "The rotation policy for the involuntarily recalled reserve medical personnel in support of Operation Desert Shield is currently being addressed by Department of Defense.

The administrative message dated November 17, 1990 from the Chief of Naval Operations has officially extended all recalled reservists for "an additional 90 days, 180 days total."

A copy of the message will be attached to the file copy of member's orders. According to Lt. James Burr, USN,

Personnel Support Detachment's (PSD) officer in charge, those individuals (enlisted and officer) who need proof of extension should ask PSD for a copy of a Page 13 from their service records.

• **What is happening with the VHA issue?**

Officially the issue remains the same. According to the Military Pay and Personnel Manual — 140 days of continued military service entitles one to VHA. Unofficially, according to the Navy Times' October 29 issue, the House and Senate have passed a bill approving VHA for less than 140 days. This is awaiting presidential signature.

• **Can my civilian employ-**

er discontinue my medical coverage after 30 days?

No. Under the federal COBRA (Comprehensive Omnibus Budget Reconciliation Act of 1986), employers who maintain group health plans for 20 or more employees must allow qualified employees and families to continue the insurance at group rates when faced with loss of coverage for "loss of job reduction in employment hours (except for gross misconduct)". According to the Pension and Welfare and Benefits Administration in San Francisco, recalled reserve personnel fulfill the protection of COBRA. Your employer must offer up to 18 months of continued cov-

erage at the group rate, but the employer is not obligated to pick up the premium. For further information contact HM1 Kim Ross, Reserve Liaison Office (RLO), ext. 3-6064.

• **What is currently happening with the advancement cycles on active-duty?**

According to the Chief of Naval Operation's Administrative message received Oct. 26 on the subject of Navywide examinations for advancement in rate to chief petty officer to be conducted in January 1991 (Cycle 130) for active duty personnel and February 1991 (Cycle 048) for inactive duty per-

Dedicated to all the Nurses "over there" You're Still My Little Girl

By CAPT Carole Jewett, NC

It was only yesterday More than twenty years ago Oh, so proud and excited I was ready and willing to go

Yes, I was eager to get going Too young to know fear But my momma held me tight that day

And whispered in my ear:

"I'm holding in my arms All I love in this whole world Please don't go Little One, You're still my little girl

But I gently wiped her tears away

And said "I'm headed there. Our boys are hurt and dying now And someone has to care."

I left that day with head held high

I believed in doing my part I left a youth of twenty-two — And came home old in my heart.

And now my daughter wipes my tears away

And gently smooths my hair. Then I hear my words come back to haunt me;

"Mom, I'm needed over there."

I hold her tight and wonder why

Our children must heal the world

And I softly speak my mother's words;

"Don't go Little One, You're still my little girl."

Continued on page 12

5000 home-baked cookies

Story and photos
By Andree Marechal-
Workman

It was pomp and circumstance at Christian Life School in Novato, Calif., when the student body and their teachers presented Reserve Nurse Corps Cdr. Yuki Kato and Command Master Chief Michael Stewart with a signatures-inscribed gold banner, letters from children of various grades and 5000 home-baked cookies for the "shipmates" they adopted on USNS Mercy (T-AH 19).

But it was also a day of warmth, fellowship and cheerful interaction between the children and the sailors who accompanied Kato and Stewart as guests of honor for the ceremony.

Kato, who is division officer of Naval Hospital Oakland's (NHO) Surgery Clinic, emphasized the importance of the gesture as a morale booster. The value of morale is something she knows first hand because her husband, Cdr. Mark Biolo, Dental Corps, is an oromaxillofacial surgeon on the Mercy.

"Your generosity really helps," she said. "It helps us focus on some of the good things rather than dwell on the negative side."

According to Stewart, letters from the children are just as eagerly awaited as the cookies.

"There are lots of mom and dads on the ships who

left their children at home," he explained, "and these letters are going to mean a lot to them. They're waiting for your letters, and they want to be pen pals with you." He added that a phone call with the medical treatment facility's commanding officer promised the school a royal tour when the Mercy comes back.

The ceremony was the culmination of an idea that grew out of a conversation between pre-school teacher Dawn Drago and her mother, Anna Lundeen, of NHO's Surgery Clinic.

Drago, who masterminded the operation in cooperation with Kato and Lundeen, said the school felt "very blessed for the opportunity to help our service men and women on assignment to the Persian Gulf."

Also on hand for the presentation were Novato's Mayor, Bill Cope, and Christian Life School's administrator, Gregg Mervich.

(Editor's note: The banner was created by Marin County artist David Allman, whose father is "retired Navy." Postage for the cookies was underwritten by three pharmaceutical companies: Miles; Smith, Kline & Beecham and Roerig Division of Pfizer. Cakes were donated by Novato's Safeway and decorated by Corte Madera's Safeway. Flowers were supplied by Navy Exchange, Treasure Island).



First graders Taline (center) and Josh pose for the camera as a classmate (left) tries to "I am going on the ship when it comes back," said Taline with conviction.



HN Perpetua Acacio of NHO's Nursery talks about USNS Mercy to a group of fourth graders and their teacher. Angela Marie Jones (2nd from right) does not worry about the price of avocados as she salutes a captive audience with a piece of cake.



CDR Yuki Kato beams at the audience as she receives "letters" to USNS Mercy sailors from the preschool class.

November 30, 1990

es for UNSN Mercy



Novato High School parades colors as student body looks on.



Novato Mayor Bill Cope stands at attention during colors presentation. Three luscious cakes decorated with Navy symbols wait on the side line with a promise of "good things" to come.



igo (forefront, far left) waits for the ceremony to begin with her preschoolers.



A very popular HN Perpetua Acacio signs autographs for the students.

Dental implants — are they for you?



By CDR Fred Hammond, DC

The loss of teeth and its negative consequences have plagued mankind for many centuries. For example, because of missing teeth, Queen Elizabeth the First would not be seen in public unless she first padded her lips with rolls of cloth; and an around-the-world cruise was ruined for President Grant once his false teeth were lost overboard. Even today, many people refuse to eat in public because their dentures are loose.

In this country alone, nearly fifty percent of the population is missing one or more permanent teeth. Approximately thirty percent of people in the United States over the age of sixty-five are missing all of their teeth. The mechanical disabilities and social embarrassment are not the only damaging effects of this condition.

When teeth are lost and replaced with conventional removable dental prosthesis, progressive bone loss occurs in the maxilla and mandible. Over many

years, this bone loss can become so severe that denture retention is impossible and chewing is severely impaired. In its worst forms, this severe atrophy can contribute to gastrointestinal complications, psychological trauma and pathological fractures.

Fortunately, today, there is hope. Dental implants offer a method of stabilizing dental prosthesis and, in some cases, even replacing removable dentures with fixed non-removable bridgework. With a dental implant, the maxillary and mandibular bone is protected from the forces which contribute to severe resorption. Bone loss is significantly minimized, chewing is returned to near normal, and speech and facial aesthetics are usually improved.

Are dental implants for you? If you're missing one or more permanent teeth which have not been replaced, or if you are uncomfortable with your existing dental prosthesis, dental implants may be an option. Consult with your dentist for a thorough evaluation.

Influenza vaccination Part II

By CAPT Robert L. Brawley, MC, USN

Influenza is an acute, usually self-limiting, illness with fever, caused by influenza viruses Type A or B. Infections are spread from person to person through coughing or sneezing to susceptible individuals.

Part II of this story expands on the other high-risk groups of influenza and the possible side effects of the vaccination itself.

Persons with influenza who care for or live with persons in a high-risk group can transmit the influenza virus to them. Some high-risk

persons, especially the elderly, may have inadequate protection from influenza infections even if properly vaccinated. Reducing the chances of exposure to influenza virus may protect them against infection.

According to the Center for Disease Control, influenza vaccination is recommended for the following groups:

- Physicians, nurses and other health care workers in both hospital and outpatient settings who have contact with high-risk patients of all age groups.
- Employees of nursing homes and chronic care facilities.

• Providers of home care to high-risk persons (such as visiting nurses, volunteer workers).

• Household members, both adults and children (6 months and older), who live with individuals who are in any of the high-risk groups.

Influenza vaccination may cause mild soreness on the point of injection in less than one third of patients. Influenza vaccine contains non-infectious influenza viruses that cannot cause influenza illnesses. In recent years, manufacturers have prepared influenza vaccine using subcomponents of influenza viruses. These

split-virus vaccines usually cause less side effects and are the only vaccines approved for children (6 months to 8 years of age).

Points of contact for questions about influenza vaccinations are Chief Petty Officer Kelley McColey or CAPT Robert Brawley of NHO's Preventative Medicine Department at 633-5872.



What should I eat to stay healthy?

Hardly a day goes by without someone telling us what we should (and shouldn't) eat.

If you've been so inundated with food information that you don't know what to do, take heart. It's not that tough. Here are the nutritional facts-made-simple by the U.S. Department of Agriculture.

• **Eat a variety of foods.** When you shop for groceries, buy fruits, vegetables, whole-grain bread and cereal, low-fat milk and dairy products and an assortment of lean meat, fish and poultry. Make it a point to eat some of each every day. It's not that much trouble.

• **Watch your weight.** If you weigh too much, skip the crash diets and change your eating habits. Eat the same variety of foods we just listed, but increase the amount of fruits, vegetables and whole grains. Decrease your use of fat and fatty foods, and eat fewer sugary treats. (But remember that

a little jelly on your toast is better than a pat of butter. Less fat.) Increase physical activity, and your body will burn more calories even when you aren't moving around.

• **Cut down on fats.** The North American diet includes too much of it. Develop a taste for lean meat, but substitute fish, poultry, and dry beans and peas as protein sources, and eat smaller portions. Use less fat in the form of butter, cream, lard, and shortening. Broil or bake instead of frying. Look at food labels to see how much fat is in a product before buying it.

• **Choose more fiber.** That's the part of plant food that isn't entirely digestible. They include whole grain bread and cereal, fruits, vegetables, dry beans and peas. Fiber moves other foods through the body in an orderly way, and it's good for dieters because it's filling without the high number of calories you get in fatty foods.

• **Be smart about sugar,**

including honey and syrup. Read product labels for sugar content. Sucrose, glucose, maltose, dextrose, lactose and fructose are sugar too. If one of these appears first or second on the label, there's a lot of sugar in the product.

• **Limit salt.** You need it, but not as much as you're getting now. Not everyone gets high blood pressure from too much salt, but it's hard to tell who will. So play it safe and learn to appreciate natural flavors of foods.

• **Limit your alcohol intake.** If you drink alcoholic beverages, have one or two drinks a day. Pregnant women should ask their doctors about drinking alcoholic beverages.

Developing your own standards make food selection easier. For example, you will know that broiled chicken is what you like. You won't have to wonder whether to order it broiled or breaded and deep-fat fried.

(Courtesy of *The Pulse*, Naval Hospital, Jacksonville.)

CRI conference

After two years in operation, the CHAMPUS Reform Initiative (CRI) has been recognized for holding down costs, supporting the mission of the military treatment facilities and improving access to needed health care services for military families.

About 100 military and civilian health care leaders gathered Oct. 25 in San Diego to attend the Third Annual CHAMPUS Reform Initiative Executive Conference.

The CRI "complements" the regional approach of the San Francisco Medical Command, said Rear Adm. David M. Lichtman, commanding officer of Naval Hospital Oakland, who spoke at the conference. Lichtman added that in his command, "a center of excellence" is being established to perform heart surgery for patients from a wide area.

The CRI program uses "managed care" to contain costs and improve access in the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) in California and Hawaii.

"We are extremely pleased with the comments we heard at the confer-

ence," said Daniel D. Crowley, chairman and chief executive officer at Foundation Health of Sacramento, which administers the five-year CRI demonstration project started in 1988.

The keynote address titled "The Military Health Services System in the Year 2000," was given by Assistant Secretary of Defense for Health Affairs, Dr. Enrique Mendez Jr.

"Certainly the CHAMPUS Reform Initiative is demonstrating that many of the challenges occurring in the civilian community can be successful in the military environment," said Mendez. "This example has been instrumental in shaping the course on which the Department of Defense recently has embarked, that of Coordinated Care," he added.

Other speakers at the conference included Maj Gen. Girard Seitter III, commander of Tripler Army Medical Center in Hawaii; Rear Adm. Robert Halder, commanding officer of Naval Hospital, San Diego; and Col. Robert Gilmore of David Grant Medical Center at Travis Air Force Base.

November 30, 1990

Civilian News

Next TSP season is upon us

The next TSP season is November 15, 1990 - January 31, 1991. During this open season, you may begin contributing to the TSP, change the amount of your TSP contributions, or allocate TSP contributions to your account among three investment funds. Please pay particular attention to the changes made to the plan because these changes affect the way you may allocate your contributions.

Restrictions lifted

• **The TSP has changed. Investment restrictions have been lifted.** You may now invest all or any portion of your TSP contributions in any of the three TSP Investment Funds: the Government Securities Investment (G) Fund, the Common Stock Index Investment (C) Fund and the Fixed Income Index Investment (F) Fund. This is true whether you are covered by the Federal Employees Retirement System (FERS) of the Civil Service Retirement System (CSRS).

Eligibility

• **Who is eligible.** You may make a TSP election this season if your latest appointment to a position covered by FERS or CSRS is made before January 1, 1991, and you had been eligible to participate in the TSP during a prior open season.

If you stopped your contributions before August 1,

1990, you may resume your TSP contributions this open season. If, however, you stopped your contributions after July 31, 1990, you may not begin contributing again until the next TSP open season beginning May 15, 1991.

FERS employees

• **How TSP changes affect FERS employees.** Your investment election now applies to all contributions to your TSP account, i.e., employee, Agency Automatic (1%), and Agency Matching contributions. This is because the investment restrictions on both employees and agency contributions have been lifted.

Investment selection

• **If you are currently investing in the C or F Fund, you must make a new investment election this open season if you want to continue to invest in these Funds.** The election you make before this open season applies only to your own contributions and will, therefore, become invalid effective January 13, 1991. **If you do not make a new investment election that can be made effective on that date, all future contributions to your TSP account will be invested in the G Fund.** They will continue to be invested in the G Fund until you make an election to allocate both your own and your agency contributions. You may make

this election either later in this open season or in a subsequent open season.

Eligibility

• **If you are not making employee contributions or you are not eligible to make employee contributions (because you stopped contributing after July 31, 1990),** you may still invest all or any portion of your Agency Automatic (1%) in any of the three funds. If you do not make an investment election, all of your agency automatic one percent contributions will be invested in the G Fund until you make such an election.

How to elect

• **How to make an open season election.** Submit a completed Election Form, TSP-1 (dated 9/90), to the Civilian Personnel Department, where you can obtain the form.

Note: The open season election you make on Form TSP-1 applies to all future contributions to your TSP account. You may also move all or any portion of your existing account balance among the three investment funds by completing an Interfund Transfer Request, Form TSP-30, and sending the form to the TSP record-keeper, the National Finance Center. See the "Summary of the Thrift Savings Plan for Federal Employees" for more information about interfund transfers.

• **Effective date of Open Season election.** If Civilian Personnel Department accepts your election before January 13, 1991, it will be effective on that date. Your paycheck dated February 6, 1991 will reflect this election. If you make an open season election after this date, it will be effective on the first day of the first full pay period after it has been accepted by Civilian Personnel Department.

TSP booklet

• **Information about the TSP.** The booklet, "Summary of the Thrift Savings Plan for Federal Employees," describes the TSP in detail. The Federal Retirement Thrift Investment Board revised the Summary in September 1990 to incorporate the changes to the TSP that are effective this open season. You will soon receive [or have already received] this plan summary. Please read it before making a TSP election.

You will also receive [or have received] the pamphlet, "Open Season Update, November 15, 1990 to January 31, 1991." This update contains specific information about changes effective this open season and general information about major TSP features and investment options.

• **Point of contact for questions about TSP is Syndey Santos, 633-6374.**

Drug free workplace program (DFWP)

In the March 2nd and 16th issues of Red Rover, questions and answers were published, explaining how the Navy DFWP plans to reach the goal for civilian employees. The March 2nd story discussed the different types of drug testing conducted by the Department of the Navy; the subsequent article emphasized the employee assistance aspect of DFWP.

Following are more questions and answers that bring DFWP into focus.

Why do we need a drug program for Department of the Navy employees?

The president, in signing Executive Order 12546 on September 15, 1986, required that all federal agencies implement a program to achieve a DFWP. Even without such a requirement, achieving a drug-free America is one of our nation's highest priorities. The Navy

has a compelling obligation to eliminate employees' drug use due to its national defense responsibilities and the sensitive nature of its work.

What regulatory requirements governed the development of the Department of the Navy DFWP?

(1) Executive Order 12564 requires employees to refrain from use of illegal drugs on and off duty and directs agencies to establish plans for achieving a DFWP.

(2) Public law 100-71 passed by Congress on July 11, 1987, provides for consistent implementation of the Executive Order throughout the federal government and establishes requirements for accurate and reliable drug testing and confidentiality of test results.

(3) Department of the

Navy DFWP plan, certified by the Department of Health and Human Services and the Department of Justice on April 27, 1988, establishes the framework for implementation of the program in Navy.

(4) Department of Health and Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs establish strict procedures for collection and testing of urine samples from employees for detection of drug use.

How does illegal drug use impact on the Department of the Navy?

The primary mission of the Navy is to protect the United States by the effective prosecution of war at sea and to maintain freedom of the seas. The performance of every civilian employee must, at all times, support this

mission through a high level of productivity, reliability and judgement. Illegal drug use by Navy employees, on or off the job, has a negative impact on employee performance and is incompatible with the mission of the Navy.

Other than refraining from illegal drug use, how can I support a DFWP in Department of the Navy?

You can support the objectives of a DFWP by increasing your understanding of the negative impact that the use of illegal drugs has on individuals and their families, and by supporting the Navy's commitment to offering counseling and rehabilitation to employees who sincerely want to get off illegal drugs.

Will employees know in advance of the testing?

Once the program is imple-

mented by the activity, the selection of individuals for random testing will always be announced. An employee will be notified when and where to report by his or her supervisor approximately 15 to 30 minutes before the test.

How often may an agency test any given employee?

There is no limitation of the frequency with which an employee may be tested for illegal drug use. Under random testing, the employee will be tested whenever the sampling could also be tested for some other reason, e.g., post accident as determined necessary.

(Editor's note: More questions and answers will follow in the next Red Rover edition. For further information, contact Penny Beechio at 633-6374.)

Holiday volunteers needed

COMNAVBASE SAN FRANCISCO, Calif. — As the holiday season approaches and our thoughts turn to giving, it is also time for our thoughts to turn to those whose need is greater than our own. The Bay Area Navy has a proud tradition of extending a warm, helping hand during the holiday season. This year we would like to increase the tremendous effort put forth last year by participation in the following events:

- Now through December 24 volunteers are needed by the San Francisco Central YMCA to prepare for their 12th annual Senior Christmas Connection. Contact Zarka Popovic of the San Francisco Central YMCA at 885-0460, ext. 290.

- November 26-December 24 volunteers are needed to process applications, sort toys and food, pack gifts, and help with distribution at the Salvation Army's Christmas Toy and Joy Center on Valencia St.

- December 7 — Laguna Honda Hospital in San Francisco needs 25 volunteers to assist patients attending the Hospital's annual Holiday Show. The show, put on by Laguna Honda hospital volunteers, Inc., will star Frankie Laine. Volunteers will be needed from 11:30 am to 4:30 pm. Lunch will be provided.

- December 12 — The North Bay Area Ombudsmen are conducting their 4th annual drive to provide a happy holiday to the veterans at the Yontville Veteran's Hospital. Volunteers are needed to stuff stockings at 7 pm, December 2; 12 pm December 17; 11:30 pm December 19. Volunteers are also needed to deliver stockings and to go carolling at the hospital at 12:30 December 19. For further information or to volunteer, please contact Ms. Betty Harris, Mare Island Family Service Center Program Coordinator at (707) 646-2526/2188 (AUTOVON 253-2527/2188).

- December 25 — San Francisco Central YMCA will be hosting the 12th Annual Senior Christmas Connection Program from 11 am to 3 pm, at the Holiday Inn on Van Ness. More than 100 volunteers are needed to serve meals, escort and register guests and to host the party.

- December 25 — Volunteers, with or without vehicles, are needed from 9 am to 12 pm at the Salvation Army's Harbor Light Center (1275 Harrison St., San Francisco) to deliver Christmas meals to low income, elderly people.

- People interested in participating in any of these events/programs should contact community relations director, LT Ken Exum at (415) 395-3926 as soon as possible.

(Editor's Note: Oak Knoll folks who prefer to volunteer on their own turf should call Volunteers of Alameda County, in Oakland at 893-6239; in Hayward at 538-0554).

Club Knoll presents

Beginning November 15, Club Knoll will offer home delivery service of Ghir- inghelli Brothers pizza and honey-dipt (dipped) Chicken. Simply call 633-6395 Monday-Saturday, 5-10 pm and Sunday 11 am to 5 pm.

The pizza is made with wholesome natural ingredients such as 100% mozzarella cheese. The secret sauce, made with red wine and eleven herbs and spices, is guaranteed to tantalize your taste buds. Pizzas are

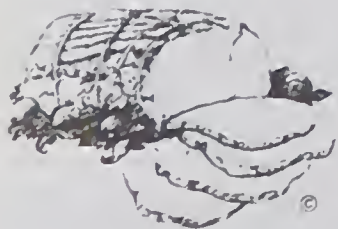
topped with the highest quality fresh vegetables and pizza-style meat toppings.

Thursday, December 13, Club Knoll will sponsor "Dinner with Santa," in a festive holiday atmosphere with three giant fireplaces burning. A no-host bar will begin at 5 pm and will continue until 11 pm. Dinner will be served 5-9 pm. Santa comes to town at 6 pm and leaves at 8 pm. And from 8-11 pm there will be a sock

hop. Co-op baby sitting and portraits with Santa will also be available.

The price is \$6.00 for adults and \$3.50 for children ages 4-12. Children under 4 are free. Desserts are \$1.50.

Please make reservations by calling Cindy at 633-6401 6404 or 6402 or mail reservations to the following address: Club Knoll, 8750 Mountain Blvd., Naval Hospital Oakland, Calif. 94627.



Christmas concert coming soon

SAN FRANCISCO, Calif. — Commander Naval Base San Francisco and the commanding officer Naval Station Treasure Island are currently planning their fourth annual Christmas concert. This year's event, scheduled for Thursday, December 13th, is entitled "A Community Christmas."

Navy Band San Francisco will, once again, headline the concert, as well as a spe-

cial treat for a neighborhood school. The concert will be held at the Basilone Theatre aboard Treasure Island and will begin at 7 p.m.

Traditional carols

The program will consist of numerous traditional Christmas songs. As the program will end with a "Yule Log" carolling and sing-along outside the theatre. Warm holiday attire is encouraged.

All Bay Area military are invited and urged to bring their families and guests. As in the past, people attending the concert are being asked to bring canned food that will be shared with those less fortunate during this holiday season. For further information, please contact the Commander Naval base Public Affairs Office at 415-395-3928 or autovon 475-3928.

Oak Knoll in brief

Deployment Alert

All personnel are reminded that they are subject to deployment at any time, and they should consult with the Legal Department and PSD concerning:

- A valid power of attorney.
- A valid last will and testament.
- Insurance policies and amounts.
- Arrangement for custody and care of dependent children.

- Allotments to cover all financial obligations and to provide dependents with funds while deployed.

Point of contact is HM1 Keen at ext. 3-6664 for further information.

Leave Donation Needed

Marjorie Goudeau from the Maternal Child Care Department needs leave donations to cover time for orthopedic surgery. Contact Penny Becchio at ext. 3-6337 for more information if you would like to donate some of your annual leave to Goudeau.

NHO's BUMED IG Rescheduled

The new inspection dates are January 15-21, 1992. Now is the time to continue preparing. Health care inspection criteria packages were initially provided for action in April. Departments that haven't completed them should do so and return them to Command Evaluation, Attn: HMC Bishop, the point of contact for concerns or questions at 3-6012, with Dave Clark 3-6001.

Stamp Machine

For your convenience, the Navy Exchange now has a stamp machine on the 3rd floor, Bldg. 500.

Navy Career News

- Navy Scholarships. Information about the expanded ECP and BOOST program is available through your career counselor; ext. 3-5083, and Command Education, ext. 3-5257.

Retention Team Members Needed

- Are you interested in being your department's retention team member? We need you if you are E5 and above and have at least 6 months until your PRD. Contact the career counselor for more information.

Notice to Activated Reserve Personnel

- If you are having pay problems, please call PSD. Contact personnel are: DK1 Morian for selective reservists, ext. 3-6545; PN3 DeJesus for Disbursing issues, ext. 3-6752; and DK2 Garcia for service record issues and per diem checks, ext. 3-6687.

Navy Relief Fund Drive

- The Navy Relief expressed its appreciation for your generous support. Thank you for the help you have given to your shipmates. Your generosity proves that the Navy takes care of its own and is a special family.

Patient Accounting

- All medical officers and nursing staff: Change of inpatient service or staff attending must be accompanied by a written order and progress note in the patient's inpatient record. The order, once documented, will be properly noted in the Ward Report and transmitted to inpatient data systems.

Career Opportunities

- Hospital Corpsman opening: Radiation Health Department has an opening for corpsman to receive on-the-job training as a radiation health technician in preparation for NEC 8407 'C' school. This is a unique opportunity to challenge yourself and be exposed to the many aspects of growing fields such as nuclear medicine, radiation therapy, radiology, etc. Travel included to Fleet Operational units, local branch medical units in support of radiation health programs and medical/dental X-ray protection surveys. Interested personnel will apply for a future 11-week training course at the Naval Undersea Medical Institute in Groton, Conn. For more information, call Lt J.G. Earles or HM1 Elliott at ext. 3-6040.

People, places, events at Oak Knoll



HMC Gerry Simpson, joined by his wife Sherry and son Christopher, smiles on the occasion of his transfer to the Fleet Reserve November 14. Simpson, who worked for the Management Information Department, has the distinction of being born at Naval Hospital Oakland.



HMC Ron Bishop (left), President of the Oak Knoll Chief Petty Officer's Association, presents CAPT. Herman Kibble, Chaplain Corps, USN, with for Lucky's Supermarkets gift certificates. The certificates, donated by the CPO association, will be given to deserving families over the holidays.



Capt. Anne E. Gartner (right) and Lt. Mary Jo Lyons smile as they work together after spending many years apart. They grew up together in Rocky River Ohio. After graduating from high school they parted to go on with their lives. Like many high school buddies, the two lost contact with each other over the years; however, to their surprise, their shared involvement in the Navy reserves has pulled their roads together once again. In August, the two friends were recalled to serve here at Oak Knoll in the Operating Room.

Sailor of the Month
HM1 Silas Berry
DT2 Wayne Oakley
HN Perpetua Acacio

Letter of Appointment (LTJG)
ENS Norman R. Tillman
ENS Katherine M. Starr

Frock to Lieutenant
LTJG Naomi Grayer

Letter of Appointment (LCDR)
LT Jacquelyn L. Calabrese

Good Conduct Award (First)
HM2 Nelsoneris Delacruz
MS3 Geraldo Rivera
SH3 Oscar B. Suggs
HN Sherry L. Huckstep
HN Angela Y. Kendle

Kudos

(Second)
HM2 Edwin Santamaria
HM3 Rachel L. Ellis

(Third)
HMC Duane Lee Olson

Navy Achievement Medal
HM3 Scott A. Rosenquist
HM2 Joseph Alto
HM2 Jeffrey E. Bergen
MS2 Cesar A. Dumalig
HM2 Edwin Santamaria
HM1 Brian Findley
HMC Alan C. Maglangbayan
LtJG Marvin R. Earles
Lt Sheryl Lynn Washington
Lt. Jonathan M. Dort

Navy Achievement Medal (Gold Star in lieu of Second Award)
HM1 Catherine E. Crushus
LT Mark A. Jones

Navy Commandation Medal
CAPT Quentin L. Van Meter

Meritorious Service Medal
Capt. Herbert A. Speir, III

Civilian of the Quarter
Beulah King

Length of Service
Walter Short
Kay B. Wheatley
Dennis P. Averlar
William F. Collins
Elena C. Ramirez

Federal Employee of the Year Nominations
Herbert L. Lindemann
Sydney Santos

Beulah King is Civilian of the Quarter

By JOC Bob Hansen, USNR

Beulah King, a licensed vocational nurse assigned to the sickcall section at Branch Clinic Alameda, has a simple philosophy when it comes to dealing with patients.

"I always have time for them — I'm never too busy to say hello."

Known as "Bea" to her friends and co-workers, King always greets patients with a smile. Her smile was one of the factors cited in her commendation as July-Sept '90 Civilian of the Quarter (see October 1990 Red Rover). She was honored at ceremonies held here November 10.

King, who has worked at the Alameda clinic since 1974, came to know a lot of patients personally.

"I became very close to some of them," she said. "Even now, many of the retirees and elderly stop in to say hello."

Bea King is another 'special' person who makes Naval Hospital Oakland a "very special place."



Happy Chanukah

Junior enlisted defeat Chiefs: hammer time



HM3 Petra Trice takes her turn at bat during the softball game between "Chiefs" and "E-4's and Below."

By HM3 Albert Johnson

If Chief Patterson had taken the time to glance towards the heavens when he woke up that morning, he would've noticed the sky was not blue but filled with dark, grey clouds. When the sky looks as it did Tuesday, one would be correct to assume there was a storm brewing.

Surely Patterson and the rest of the crew couldn't have expected the storm to come on a baseball field instead of the clouds. Yet, this is exactly what happened. With the might of a raging hurricane, the E-4's and below charged all over the "We're not over the hill yet" Chiefs 18-6.

As a group of cheering fans (many of them chiefs) looked on, the Chiefs managed to

score enough runs to keep from getting embarrassed. As it was, swallowing the hard pill of suffering their first blemish on a previously undefeated season was hard enough. To take such a lopsided beating made matters worse.

In the first inning, the Chiefs roared like the proverbial lion, getting the important leadoff man "a-la" Ricky Henderson and the Oakland A's. Alas, it was all for naught, as three hard hit balls were turned into outs with fine defensive plays in the outfield.

When the E-4's and below took their turn at bat, the fat lady might as well have gotten up and sang her tune

because the massacre had begun. The first seven batters hit safely and when the dust finally cleared, the E-4's and below were leading 6-0. It would have been worse if it wasn't for a questionable call (there were several that went the Chiefs' way) by the umpire.

Who would be the victor was no longer an issue, and the only intriguing aspect left in the game was how high the score would be.

After setting a pace to score 42 runs, the E-4's and below cooled off slightly to allow the Chiefs to leave with at least a little bit of pride and dignity. They were gracious enough to allow the Chiefs to score a few times: twice on a bloop hit and three

more on a misplay in outfield. But they had much power and speed the Chiefs to overcome.

The junior enlisted offense featured a towering home run over the right fence and two vicious strikes to left center field that a for round trippers.

Were the Chiefs feeling humble after this defeat, they weren't; perhaps they might need psychiatric help. By the way, the E-4's and below had a suggestion for the chiefs and officer: you'd really like to compete with us, perhaps you should get yourselves together, form an all-star team. So, like a challenge to you sure does to me.

Chiefs teach lower rates good sportsmanship

By JOC Bob Hansen, USNR

Our own Oak Knoll CPO Association, fresh from their resounding triumph over the MSC officers were challenged by the E-4's and below to a softball game. This presented the Chiefs with a moral dilemma — how to teach the lower rates the value of goal setting and good sportsmanship without damaging their fragile psyches.

"It's very important that we (as chiefs) set an example to the youngsters," said Command Master Chief Mike Stewart. "It's up to us to show them how you can maintain your pride and dignity and still lose."

The Chiefs demonstrated their compassion and concern by allowing the E-4's and below to eke out a victory

during the game.

"We had to let them win," said Stewart. "After all, a loss at their impressionable age might have affected them for life. As Chiefs we can afford to demonstrate that winning isn't everything."

The Chiefs further demonstrated their magnanimity by not making the lower rates pay for the balls they hit over the fence.

A box score of the game is unavailable — it's being used by Master Chief Stewart to help prepare the watch bill for the Christmas holidays.

(Editor's note: In the interest of fair play, since there are some contradictions between the two versions of the game, both are being presented here. Let the reader decide!)

Chief Delisle

Continued from page 3

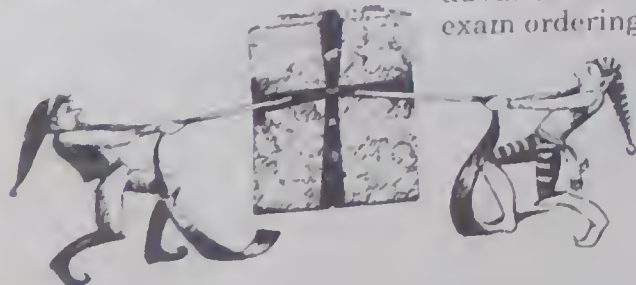
When Chief Delisle gets the call, she documents the problem and makes sure that the issues raised are addressed and any problems corrected.

"We are committed to investigating any problems that may exist and to ensuring that NHO maintains the high standards of care and services for which we are known," she concluded.

Reserves

Continued from page 5

sonnel: Active-duty and activated Selective Reserves (SELRES) for Operation Desert Shield will take the same active-duty exam on January 17, 1991. However, for advancement processing, SELRES will compete within the inactive duty advancement cycle. This will ensure that activated SELRES will not be at a disadvantage in competition for advancement and simplifies exam ordering for field units.



Computer tips

By Jim Brackman
Senior Computer Specialist
Information Resource Center

DID YOU KNOW? All floppy drives are not created equal, even though they may look identical. Some 5-1/4" floppy drives are 360,000 Kbytes in size and other are 1.2 million Bytes. This also applies to 3-1/2" floppy drives, where you have 720K or 1.44MB. To make matters worse, floppy diskettes look the same and in most cases there is nothing written on the cover to indicate what size they are. So, how do I know what's what and why?

First let's look at the floppy disk drives. I have found the easiest way to tell the difference, is to check the computer's internal setup. As an example; we will use the most common computer in our work place, the "Zenith MDL Z-248." Turn your computer

on and press the keys CTRL/ALT/INS, this is a three key combination which means that all three keys will be pressed at the same time. In a few seconds there will appear in the upper left corner of the screen, some general information and an arrow. Type the word "Setup" and press the enter key. The setup menu of your computer will display information about how the Zenith computer is configured. Look midway down on the left side and you will see what size floppy drive you have. Other ways of identifying drive types is by using a utility program like Norton Utilities or PC Tools.

How can I tell what kind of floppy diskette I have? The best way to determine the difference between a 5-1/4" 360K floppy and a 1.2MB, is look in the center of the diskette. The 360K diskette will have a ring around the hole and the 1.2 MB diskette

will not. On the 1.44 diskette there will be a square notch hole cut out in corner where the 720K diskette does not.

This is why the 5-1/4" 1.2MB formatted diskette will work in a 360K drive. The goes for 3-1/2" 1.44MB formatted diskettes not working in a 3-1/2" 720K drive. Computers of the future will be equipped with 1.2MB or 1.44MB drive.

Now you can tell the difference between floppy drives and floppy diskettes. In next article I'll explain how you would format 360K diskettes using a 1.2MB drive or 720K disk in a 1.44MB drive.

If you have any further questions about drives or diskettes please contact the folk's at the Information Resource Center (IRC), the Management Information Department, 633-5835

Medline now available on CD-ROM

By Robin Holloway
Reference Librarian,
Medical Library

Medline is the National Library of Medicine's database of references to journal articles. Medline includes over six million references, covering the fields of medicine, dentistry, nursing and some veterinary medicine and preclinical sciences. Approximately 100 topics per month are searched on the Medline database in the Medical Library.

Previously available only via modem, the Medical Library has acquired the Medline database (1966 to present) on compact disk through CD-Plus of New

York.

Compact Disk-Read Only Memory (CD-ROM) is a variant of the audio compact disk used for stereo recordings. A CD-ROM stores over 550 megabytes of data. Translated into concrete terms, the CD can contain over 250,000 pages of single spaced text. In terms of Medline, this means that 5 years of Index Medicus (14 volumes per year), plus the article abstracts, can be contained on two compact disks.

With compact disks, there are no telecommunication or online connect or per reference print charges.

CD-Plus can be searched on 2 levels: command-driven expert mode, or a novice mode with easy-to-use menus. Context-sensitive help screens are available. Health professionals who desire system demonstrations should call 633-5608 for an appointment. Self-searching is available Monday, Friday, 4 to 8 pm.





MERRY CHRISTMAS

Bravo Zulu PSD
Oakland
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RED ROVER

Volume 2, Number 19

Naval Hospital, Oakland 94627-5000

December 21, 1990

SFMC takes giant strides

By Andree Marechal-Workman

The concept of the San Francisco Medical Command (SFMC) has not only proved eminently workable, but since its implementation some two years ago, it has exceeded all expectations, said Army Col. Peter M. McLaughlin.

McLaughlin, who is SFMC's deputy commander, added that the voluntary joining of the group by the Air Force and Department of Veterans Affairs (DVA) was the most important factor that contributed to the success of the venture.

"In order to survive, we're going to have to do things in a very coordinated fashion between the Army, Navy and Air Force medical services," he said, explaining it was a bonus to have Travis Air Force Base's David Grant Medical Center (DGUSAFMC), Fort Ord's Silas B. Hays Army Community Hospital (SBHACH) and the two VA hospitals in Martinez and San Francisco join SFMC voluntarily.

"It's nice to see people sitting around the table whose interest [rests with] the beneficiaries," he explained, pointing out that this interest includes thinking of ways to use the military economies of scale to serve them efficiently within a cost effective budget.

SFMC was commissioned on December 19, 1988 as a joint, collaborative Army-Navy venture to oversee the military health and dental activities in the Bay Area under Navy leadership. The command's mission was to seek avenues of improving access to and delivery of health and dental services to meet Bay Area beneficiaries' needs; to plan for all facets of military medical

preparedness and education in support of peacetime contingencies and wartime requirements and to provide for the orderly transition from a significant to minimal Army Medical Department presence in the Bay Area — Letterman Army Medical Center (LAMC), scheduled to close between 1993 and 1995.

... We do not operate by strict command control...

Members of the Catchment Area Committee discuss ways to improve health and dental services to Bay Area beneficiaries. Left to right: Cmdr. J.L. Peterson, Col. P.M. Laughlin, Cmdr. G.M. Gibbons and Lt. Cmdr. J.E. Shore. (Photo by JOC Bob Hansen, USNR)

"We do not operate by strict command control," said McLaughlin. "We're guided by a seven-member executive committee headed by its commander and chairperson, Rear Adm. David M. Lichtman." Lichtman, who is double-hatted, is also Naval Hospital Oakland's (NHO) commanding officer.

Executive Committee

Other members of the executive committee are: Gen. L. Burger, Medical Corps, LAMC's commander; Capt. N. Hyde, Medical Service Corps, NHO's executive officer; Col. R. Brown, Dental Corps, Army Dental Activity's (DENTAC) commander; Capt. T. Rippert, Dental Corps, Naval Dental

Clinic, Treasure Island's commanding officer; Col. P. McLaughlin, Medical Service, SFMC's deputy commander and Navy Capt. J. Smith, Medical Service Corps, SFMC's chief of staff.

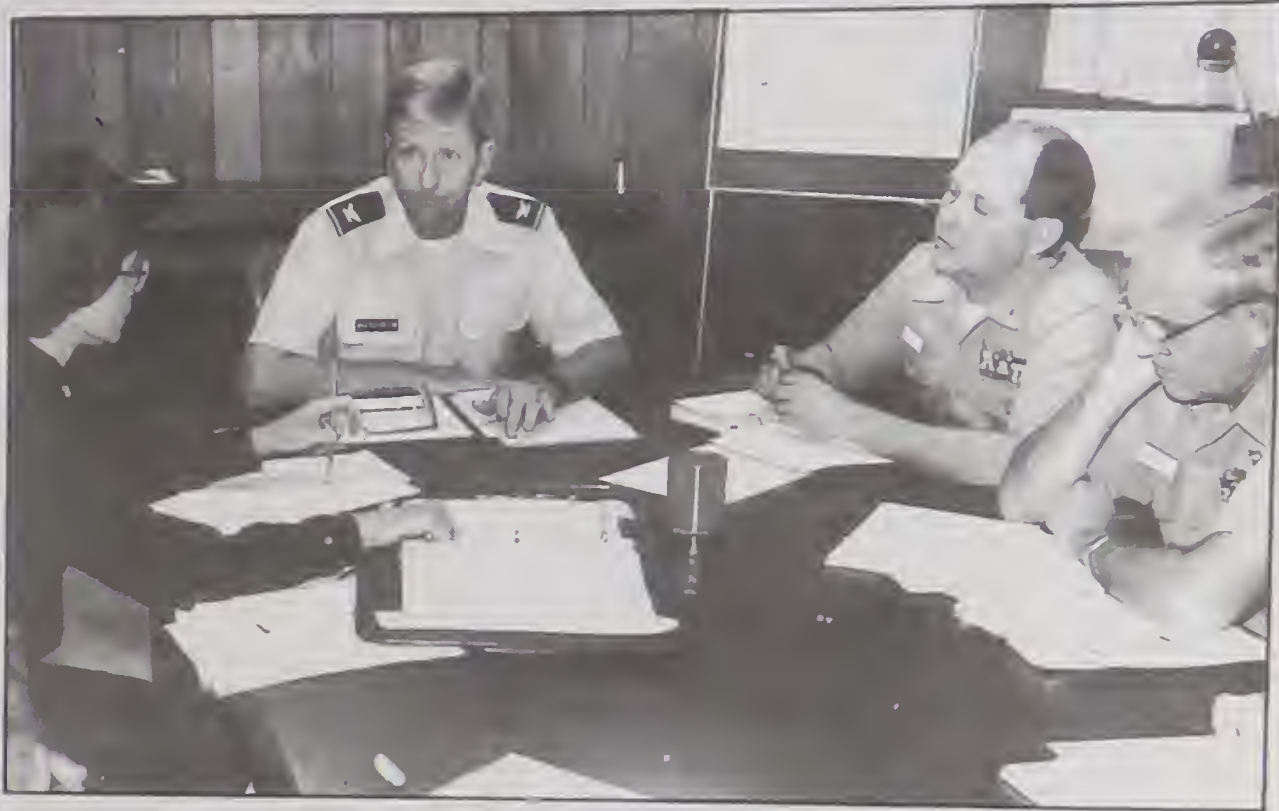
Non-voting exofficios, who participate in discussions and in planning, are the directors of DGUSAFMC;

letter outlining the actions that need to be accomplished and give an anticipated date of completion."

According to McLaughlin, this *modus operandi* yielded unique results, the most important one being the unprecedented trust and cooperation enjoyed among the services. This, in turn,

a rotational command similar to that built along the model of the Armed Forces Institute of Pathology in Washington, D.C. at the Walter Reed complex could possibly be initiated.

For the time being, however, McLaughlin said the command remains with the Navy and Admiral Lichtman



DVA; Command Naval Base, San Francisco; Naval Post Graduate School in Monterey; CHAMPUS Reform Initiative (CRI) Contractor and SBHACH.

"What we're doing is coordinating military health care planning in Northern California," McLaughlin clarified. "We exercise the functions of operational control, but we do not control, or dictate."

Assign tasks

In other words, both voting and exofficios hear committee reports and assign tasks. "But," McLaughlin emphasized, "we do not mandate and we do not tell any one agency how to proceed. All we do is write a tasking

prompted the key players to study the possibility of total regionalization.

At Burger's suggestion, the SFMC team is working on a recommendation to the Office of the Assistant Secretary of Defense for Health Affairs, Dr. Enrique Mendez, Jr., that would enhance the group's scope and leadership.

Goal: tri-service

"Our goal is to have a plan together by July 91 that would make SFMC into a tri-service medical department," said McLaughlin. "— changing its name to, let's say, 'Medical Planning Agency for Northern California.'"

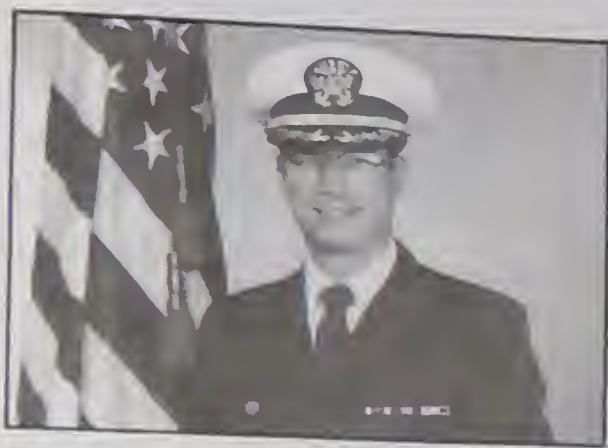
McLaughlin indicated that

— with the wholehearted endorsement of Gen. Burger who, he added, says that: "This is the only model of coordinated health care that will work."

Among SFMC's most important accomplishments to-date are: Tri-service/CRI cooperation; Resource Sharing Agreements; Cardiac surgery program; External partnership; Weekend surgery program; Disaster preparedness; Clinical support; Non-graduate medical education training; East Bay Consortium.

These and other topics about SFMC will be discussed in both subsequent issues of Red Rover and in Health Line, NHO's newsletter.

From the Executive Officer
Capt. Noel A. Hyde,
MSC, USN



It's Christmastime! The Christmas trees are up, the carollers are out in force and we are inundated with television ads for those yuletide gifts.

The holiday season is a time for joy and good cheer, a time to give thanks for all the nice things that have happened to us in the past year and to plan for the things we want to happen in the New Year. It's a time for laughter, for giving and caring, for putting aside our troubles and for having fun. We have worked hard this past year and we all deserve a relaxing holiday.

1990 has been a unique year for all of us here at Naval Hospital Oakland. Reservists have been recalled to duty and have joined our family. Many of our friends and loved ones have deployed in support of "Operation Desert Shield." We are all praying for peace and hoping for their early return in 1991. As we join our own families and friends for holiday festivities let's remember those "far away" shipmates who are still part of our family.

It has been a special year for me — returning to Oak Knoll, the finest hospital in the Navy, after being away for a while. Of course things are different, with many new faces on board, but the high level of professional competence that we have always been famous for remains intact.

I am looking forward to a great year for our Oak Knoll family. I am confident that the I.G. inspection will validate our professionalism and that NHO will continue to live up to its reputation as "a very special place."

Happy Holidays to each and every one of you.

IG inspection at Naval Hospital Oakland

The Bureau of Medicine and Surgery Inspector General (IG) will conduct an inspection of Naval Hospital Oakland and the Branch Medical Clinics on January 15-25, 1991. The inspection team will be headed by Capt. James J. Shanley, Dental Corps. Beneficiaries who wish to meet with the IG personally to discuss issues and concerns should contact Lt. j.g. Beverly Hall, Medical Service Corps, at (415) 633-5007 for appointments.

OAK KNOLL PERSPECTIVE

From the Commanding Officer
RADM David M. Lichtman, MC, USN



Christmas trees are decorated with tinsel and Chanuka candles are lit to celebrate the holiday season. Children sit on Santa's lap and whisper what they want. Shopping malls are packed with people trying to purchase that perfect gift. The mailing list for greeting cards continues to grow. The weather is turning colder; it might even snow in the mountains. Turkeys are basted to golden brown while cranberries simmer on the stove. Egg nog is served to your next door neighbors who swing by to say hello. Carollers stop outside your door to sing Silent Night. These family events make the holiday season special.

Many members of our Navy family won't be able to share these holiday events with us. Instead, they will be celebrating Chanuka in the sands of Saudi Arabia, or Christmas aboard the USNS Mercy. I.V. poles will be decorated with gauze and syringes on the Mercy; lit sterno canisters will probably be used in the deserts on Chanuka. This holiday season will be unique and not soon forgotten. But, their holiday spirits still burn bright.

Especially during the holiday season, we need to let everyone in our military family know how much we care. It's not too late to send Christmas cards, letters, or gifts to the troops overseas. Invite a neighbor, all alone this year, to share Christmas dinner. Offer to babysit your friend's children for a day. Bake something special for a single person. Ask a friend to attend religious services with you. The list is endless and requires little effort or sacrifice.

We at Oak Knoll are world-renowned for our many humanitarian efforts. What makes us special is our spirit of determination, dedication and devotion in helping others. Let's continue the spirited tradition for our Oak Knoll family this holiday season.

The Surgeon General of the Navy 30 November 1990

Dear Admiral Lichtman,

I would like to express my appreciation and congratulations to you and your staff for satisfactorily passing your recent Navy Occupational Safety and Health (NAVOSH) Oversight Inspection Unit evaluation.

Your entire staff should be commended for the "team effort" they demonstrated in preparing for your successful NAVOSH oversight inspection unit evaluation. I recognize the dedication and hard work on the part of your staff and your personal commitment to achieve these results.

My heartiest congratulations to you and your staff for a job "Well Done." Keep up the good work.

Respectfully,
James A. Zimble
Vice Admiral, Medical Corps
United States Navy

P-122 Update

• **Surgical Suite.** Work on Surgical Suite continues. Ceiling demolition and removal of existing HVAC ductwork is near completion. Work on the "A" side is proceeding almost on schedule. Work on the "B" side is slowly progressing, due to the frequent after hours procedures which prevent the contractor from working. Work on the penthouse is essentially complete, with the exception of some piping connections and some roof work.

• **Parking Disruptions.** There are no parking lot closures related to P-122 foreseen in the near future.

• **Phase OR-A.** Work has begun in the Surgical Suite and the Surgery Clinic as part of Phase OR-A. The other phase which includes CSR and part of Radiology began the week of December 3. CSR, which already has a sprinkler system requires only minor work and will experience minimal impact to operations. The Phase OR-A includes part of Radiology, Radiation Therapy and Nuclear Medicine. Radiology and Radiation Therapy will remain in operation, but must facilitate construction work by moving room to room as required. Nuclear Medicine will also remain operational with the contractor required to work around departmental staff.

• **Moves.** Special Immunization and the Occupational Health Nurse moved from 7-North to 6-South on November 29. The Pediatrics Ward on 8-South moved to 7-North on December 3. Internal Medicine moved back to the fourth deck from 9-South the week of December 11. The Adolescent Clinic moved from 8-West to 5-North on Tuesday, December 11. The Orthopedic Clinic on 2nd deck moved to 9-South on December 13.

• **Phase 5.** Phase 5 began on December 11. Work in this phase includes Radiology, Orthopedic Clinic and Primary Care Clinic on the second deck, and 8-South and the West.

Red Rover

Named after the Navy's
first commissioned hospital ship.

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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SPEC. Beebe is Letterman/SFMC Soldier of the Month

By Andree Marechal-Workman

U.S. Army Spec. Maria A. Beebe had trouble distinguishing an American Air Force colonel from a German gate guard when she was serving with the Air Defense Command in West Germany. But that didn't stop her from becoming Soldier of the Month (SOM) when she was transferred to Letterman Army Medical Center (LAMC) in San Francisco.

"The [base] front gates were guarded by Germans who wore long blue uniforms," she said, explaining the Air Force was also stationed there and the colonel wasn't too happy when she mistook him for a guard. "I thought I would never hear the end of it," she reflected.

That happened very early in her Army career, but she

learned so fast that some three years later, the squared-away security custodian of San Francisco Medical Command (SFMC) was selected December SOM after an exacting and thorough oral examination.

"I was asked a variety of questions concerning current affairs, leadership, regulations for uniforms and insignias, drill and ceremony, first aid and guard duty," she enumerated, pointing out she had to appear in front of a board of three non-commissioned officers who evaluated her appearance and public speaking, as well as the accuracy of her answers.

"I competed against four other soldiers, and received a certificate from General Leslie Burger [LAMC's Commanding Officer], a \$75 Savings Bond, a LAMC coin and a T-shirt," she said,

adding she's now ready to compete for Presidio's SOM — a demanding challenge she's ready to face.

If anyone wonders what Letterman's SOM is doing on a Navy base, keeping track of Navy classified messages and getting awards from an Army General, the Los Angeles native came to Oak Knoll in January, shortly after the inception of SFMC, the joint Army/Navy medical department that was established to provide quality medical and dental care to Bay Area active-duty and retired service members and their families.

"The command needed a security custodian with administrative experience," she said, explaining she had the knowledge and was the one at LAMC with the longest time of service, so she got the job.



Spec. Beebe is married to Clayton Harris Beebe, a former Army Service member she met in West Germany. (Photo by JO3 Stephen Brown)

Houskeeping: Part of the team



Rose McClinton and Moses Walker are busy keeping the 6-west clean. (Photo by JO3 Stephen Brown)

By JO2 Carole Evans, USNR

It's not like checking-in the local Hilton Hotel, but at Naval Hospital Oakland, the housekeeping department wants your bed and room be just as clean and ready for you as the Hilton would.

The hardworking staff of 56 take pride in their work in maintaining the hospital and other responsible areas at the highest level of sanitation and cleanliness.

"Our primary responsibility is to staff, to protect and clean inpatient care wards and other common areas," said John Wall, Executive Housekeeper.

In addition to the hospital, Wall's team is responsible for linen distribution and acquisition to the Bachelor Enlisted Quarters, medical and den-

tal dispensaries within the San Francisco Medical Command, at Naval Air Station Alameda, Concord Weapons Station, Treasure Island, Mare Island and Moffett Field.

The 33 Housekeeping aides are responsible for sweeping and damp-mopping the wards with a germicidal detergent, as well as clean restrooms, sinks, showers, utility rooms and empty trash.

Three teams clean floors 2 thru 9 under the direction of one leader and supervisor per team.

"We are responsible for the whole unit in conjunction with the nursing staff," Walls said. "It is a cooperative effort."

According to Wall, three linen workers are responsible for linen service — stocking carts and filling orders for linen delivered by a commercial company.

Bio-hazardous waste is removed by a commercial company. It is placed in a bio-hazardous bag, boxed, sealed and picked-up three times a week for incineration.

Plastic bags

Wall said that linen is now placed in clear plastic bags rather than the old linen bags.

Wall said, "We assume all linens are contaminated. Any area where there is any doubt at all, we assume that it is contaminated and take appropriate action."

The recent hospital construction has put added pressure on the overworked housekeeping crew.

With help of corpsmen

"The construction crew notifies us when the area is ready to be moved back in," Wall said, adding that with the help of corpsmen, they completely clean and sanitize the area within 24 hours.

This summer, housekeeping had the additional help of four local high school students working under a special Equal Employment Opportunity Program.

"These are hard working, nice, young men," Wall said. "I am really proud of them."

John Wall's immediate goal for the housekeeping department is to improve their liaison with the nursing staff.

"We are all part of the same team," Wall said. "We are responsive to the nursing needs and need to be better integrated."

A Surgery Clinic Corpsman is NHO Sailor of the Month

By Andree Marechal-Workman

Petty Officer 3rd Class Cynthia Allen was among the few who remained onboard after the initial Operation Desert Shield deployments, and she was the mainstay of the Surgery Clinic, said her supervisor, Reserve Nurse Corps Cmdr. Yuki Kato.

Kato, who is the clinic's division officer, emphasized Allen's efficiency and compassionate approach to patient care as the primary reasons for her selection as November's Sailor of the Month (SOM).

"We really appreciate her efforts after her co-workers left," Kato added, pointing

out that Allen worked hard at keeping the clinic working and helping smooth out the transition with reservist backfills.

According to Kato, a reserve general surgeon Cmdr. Robert Celli, tipped the balance in favor of Allen's recognition as SOM when he commended her for her kind consideration during a surgery procedure.

"Dr. Celli made a point of asking who she was," Kato explained. "He said she helped him in the proctoscopy clinic and remarked on her kindness and efficiency."

Allen is married to Petty Officer 3rd Class Stuart Allen, a corpsman aboard USNS Mercy (T-AH 19).



HM3 Cynthia Allen is November SOM. (Official Navy Photo)

Group Studies Navy Women's issues

Navy men and women at Naval Hospital Oakland had the opportunity to express their opinions on issues and policy regarding Navy women and make recommendations during a visit, November 26, by members on the Navy Women's Study Group.

The study group was chartered last month by the Secretary of the Navy and Chief of Naval Operations, and convened November 13 in Washington D.C.. The 13 women, 12 men and supporting staff will spend the next two months reviewing progress made since the Navy's first formal study group on women met in 1987 and, from that review, will seek new ways to ensure continued progress.

"We have aggressively implemented the vast majority of the recommendations from the 1987 study — such as opening the Combat Logistics Force ships to women and equalizing sea/shore rotation," said Chairperson Rear Adm. Roberta L. Hazard, Director of Personal Readiness and Community Support.

"It's encouraging that we are reviewing that study to identify just how well those changes have taken hold, and also to identify new directions, new policies and new opportunities for the 90's."

The study group is divided into four panels: policy and utilization, quality of life, equal opportunity and other key issues (such as fraternization and single parents). Four, seven-member travel teams, made up of representatives from each panel, were on the road November 23-December 12 to visit naval commands at 15 worldwide locations within the following geographical areas: Western Pacific (Adak, Guam, Hawaii); Europe (Holy Loch, Keflavik, Naples, Rota, Sigonella); West Coast/Midwest (San Diego, San Francisco, Naval Training Command Great Lakes); and East Coast (Brunswick, Jacksonville/Mayport/Kings Bay, Norfolk, Orlando).

During the visits, group members solicited both oral and written input, including proposed solutions for perceived problems, through surveys, meetings and interviews. Pre-arranged groups were asked to complete a written survey, and then

asked specific questions concerning each panel area. To facilitate honest discussion and prevent intimidation, interview groups were categorized according to sex and rank.

Study group members were also available for one-to-one phone discussions. Team members met privately with command leaders and other individuals such as commanding and executive officers, command master chiefs, career counselors, family advocacy representatives, security officers and senior NIS agents.

The data collected from the visits and telephone calls will be combined with input gained from briefings and other sources such as a recent Black Women's Study Group report. All input will be carefully assessed and analyzed with the support and advice of trained facilitators and analysts.

Following an interim report to the Chief of Naval Operations on December 15, the study group will begin to compile data into recommendations and conclusions. The final report will be written in January, followed by briefings and reports to Navy leaders and others.

Vice Adm. Mike Boorda, Chief of Naval Personnel, told the group on its first day that the Navy is "better today than it was in 1987."

"Women are being advanced at better percentages and are serving in more jobs," he said, pointing out as an example the 1400 Navy women now in the Persian Gulf theater as part of Operation Desert Shield.

"It's getting difficult to find 'firsts' for Navy women anymore," he said, "but we can't afford to become complacent. You're going to find a lot of things that we can and must do better."

Boorda challenged the study group members to "rise above the emotion and get to the facts. Only through truth will the Navy continue to advance."

Hazard emphasized that any conclusion or recommendations resulting from the study group will be based only on hard data, not on opinion. "The study group will give the Navy a road map to ensure that we stay on target," she said.

Branch Medical Clinic, NAS Alameda

The Branch Medical Clinic at Naval Air Station, Alameda was opened in 1940, which may make it the oldest in the NHO system. The one-time hospital may also be one of the largest — serving the health care needs of some 10,000 individuals who live and work at the station.

"The air station is one of the largest industrial complexes in the Bay Area," said Lt. Cmdr. Rick Becker, Officer-In-Charge of the Clinic. "And we have the variety of problems that stem from that — occupational related, orthopedic, etc."

The ships based in Alameda also provide a pool of customers. What's distinctive about Alameda are the pilots. "They fly 18 hours a day until 11 p.m.," said Becker. As long as the runways are open, we have to be ready to respond to runway emergencies."

This means a lot of hard work and the Clinic staff stands four to five section duty and keeps at least two ambulances available at all times.

Becker has high expectations for the future of the Clinic. "We're anticipating 300 new housing units here real soon," he said. "We're working with Foundation Health Plan, the Champus Reform Initiative (CRI) Contractor for Northern California, to develop Resource Sharing Agreements (RSA's) for family practice so we can be more open for the dependents."

"I look forward to better serving our customers," Becker added. "We're a vital part of the success or failure of the command's mission. We have the potential of making the command more successful — that's what we're working toward."

Health care in the Valley

Rough and Ready Island, located near the Port of Stockton, does not seem like much in the mist and fog that often hugs the ground in the central valley. Nevertheless, it harbors a U.S. Navy Communications Station and one of our smaller branch medical clinics.

"There are probably 200 active duty, 350 dependents

Branch clinic

Photos and Text by



Lt. Craig Anderson (left) and HMC John Eslao review Island Clinic. The \$12-million facility is scheduled to open

and 900 civilians on this base," said Senior Chief Petty Officer Greg Harrold, Officer-In-Charge, "and we stay real busy with the retirees."

According to Harrold, a large proportion of those who use the clinic are the some 12,000 military retirees who live in the hamlets and farming communities that abound in the central valley.

The clinic was built during World War II, when Rough and Ready Island contained a prisoner-of-war camp for German soldiers. At that time it had a small ward with inpatient care. Inpatients are today referred to the hospital at Mather or Travis Air Force Bases. Emergency care is given at community hospitals in the Stockton area.

Besides primary care, the Clinic provides all occupa-

tional health care (base and its tenants demands: hearing, vision, eye screening, monitory function studies, flu shots. There is a pharmacy, a civilian family practice doctor, an occupational health nurse and an physical readiness test (PRT) screens.

"We can be real busy with the retirees get their checkups," Harrold continued. "They when they like to come town, do their shopping, the exchange and have their prescriptions filled."

Registered Nurse Barbara Ascencio, the occupational health nurse, has been at the Clinic the longest.

"You have more responsibilities at a small clinic," she said. "I started here



HMC Renato "Butch" Legaspi of Alameda

December 21, 1990

s in the news

OC Bob Hansen, USNR



in front of the new Treasure Island Clinic, Stockton, Calif., in spring of 1991.

1974 as a clinic nurse and have worked in just about every area."

Dr. Larry Sutter, who specializes in family practice at the Clinic, said that Balbina knows the ins and outs of everything.

"She's really super — first class all the way, but then the whole staff is outstanding."

The bottom line is, the Stockton Branch Medical Clinic may be small, but it still maintains the high quality of care for which NHO is famous. And, like its parent command, it is also "a very special place."

New building for T.I. clinic

The World War II era buildings that comprise the



clinic takes an X-Ray of a Marine corporal.

Branch Medical Clinic, Treasure Island are about to be replaced by a \$12-million facility under construction a couple of blocks away.

Modernistic in design, with rounded corners and an atrium-like entrance-way, the new Treasure Island Clinic will provide 21st Century standards of care to eligible beneficiaries in the region.

According to Lt. Craig Anderson, Medical Service Corps, Medical Construction Liaison Officer, "The medical treatment positions, immunization room, private toilets, etc. are totally wired for a nurse call system. The environmental system is constantly monitored so that even if so much as a refrigerator goes down, an alarm sounds. Every single office and desk is wired to accept a computer terminal."

The new building, constructed to the latest seismic codes, was undamaged during the October 17, 1989 earthquake. The reason was, to quote Anderson, "an experimental method of stabilizing the land through a procedure called 'soil densification.'"

Lt. Carl Wamble, Medical Service Corps, Officer-In-Charge of the clinic, is looking forward to the move. "We're very anxious to get started — the move will boost the morale of the staff and have a positive impact on the already high quality of our care," he said.

HM3 Peggy Duncan, physical therapy technician at Branch Medical Clinic Alameda removes a dressing from the foot of CAPT. Ray Addicot, CO of Military Sealift Command. Duncan sees 20-25 patients a day, mostly for knee and ankle injuries.



HN Diane Munden (right) reviews a medical record with HMCS Gary Harrold, Officer-in-Charge of the Stockton Branch Clinic. Besides people on the base, there are around 12,000 military retirees in the central valley who have access to the clinic.

Anderson and Eslao check the progress of construction inside at the entrance-way of T.I. Clinic. The modernistic design resembles a two-story atrium.



Oak Knoll up-close

Marjorie Lesage

PNC Jeffery Kume

HN Frances Sandoval



Current career area: San Francisco Medical Command.

Your job: Secretary to the commander.

Marital status: Widowed.

Hometown: San Ramon, Calif.

Hobbies: Needlework, reading, gardening, learning to play bridge.

Likes: Traveling, good food, family and friends, my faithful little dog, Maxie.

Dislikes: Housework, arrogance, intolerance and bigotry.

What is the most challenging part of your job? Deciphering Admiral Lichtman's handwriting — and my own notes after recording a difficult Executive Committee meeting.

What is your immediate goal? To get through the next few months to retirement.

What is your long-term goal? A long, healthy, happy and rewarding retirement.

If I could do it all over again, I'd: Work more diligently towards a college degree.

I wish I could stop: The plight of the homeless and hungry.

I respect myself for: Loyalty, integrity, dependability.

Additional comments: I look back over the years with a deep sense of satisfaction. I am proud of the accomplishments of Naval Hospital Oakland and the San Francisco Medical Command, and am grateful to have been a small part of the ongoing activities.

Current Career Area: San Francisco Medical Command (SFMC)

Your job: Administrative Assistant for SFMC

Marital status: Married

Spouse: Lisa M. Kume.

Hometown: Delray Beach, Fla.

Hobbies: Golfing and bowling.

Likes: Pasta, sports and movies.

Dislikes: Bad attitudes and movies.

What is the most challenging part of your job? Coordinating all activities to fit everyone's schedule.

What is your immediate goal? Advance in rate.

What is your long-term goal? Pursue a degree in Business Administration.

If I could do it all over again, I: Would not change a thing.

I wish I could stop: Discrimination.

I respect myself for: Being honest and letting people know where they stand.

Role models/heroes: Danny Devito.



Current Career Area: San Francisco Medical Command.

Your job: Administrative support for the San Francisco Medical Command, which includes typing, filing and logging incoming messages.

Marital status: Single.

Hometown: Fresno, CA.

Hobbies: Karate, snow skiing.

Likes: Spending money, shopping and going to the beach to ride all terrain cycles (ATCs).

Dislikes: People who don't work efficiently around my work area.

What is the most challenging part of your job? Keeping up with the incoming message and learning new programs that our computer has to offer.

What is your immediate goal? To get my Bachelor of Science in Criminology.

What is your long-term goal? To become an attorney and an officer in the Navy.

If I could do it all over again, I'd: I would have gone straight to Officer Candidate School after college.

I wish I could stop: People kidnapping children.

I respect myself for: My dedication to my job, education and being able to go out into this world and try new experiences.

Role models/heroes: My mother.

Additional comments: As a recalled reservist I am very proud to serve on active-duty.

Chaplain's Corner

Grace at Communion

By LT J.D. Weadick,
CHC

ABOARD USNS MERCY

— A large prosperous downtown church had three mission churches under its care that it had started. On the first Sunday of the New Year all the members of the mission churches came to the city church for a combined Communion service. In those mission churches, which were located in the slums of the city, were some outstanding cases of conversions — thieves, burglars, and so on but all knelt side by side at the Communion rail.

On one such occasion the

pastor saw a former burglar kneeling beside a judge of the Supreme Court of England — the judge who had sent him to jail where he served seven years. After his release this burglar had been converted and became a Christian worker. Yet, as they knelt there, the judge and the former convict, neither one seemed to be aware of the other.

After the service, the judge was walking home with the pastor and said to the pastor, "Did you notice who was kneeling beside me at the Communion rail this morning?"

The pastor replied, "Yes, but I didn't know that you noticed." The two walked along in silence for a few more moments, and then the judge said, "What a miracle of grace." The pastor nodded in agreement. "Yes, what a marvelous miracle of grace." Then the judge said, "But to whom do you refer?" And the pastor said, "Why, to the conversion of that convict." The judge said, "but I was not referring to him. I was thinking of myself." The pastor, surprised, replied: "You were thinking of yourself? I don't understand." "Yes," the judge replied, "it did not cost that burglar much to get converted when he came out of jail. He had nothing but a history of crime

behind him, and when he saw Jesus as his Savior he knew there was salvation and hope and joy for him. And he knew how much he needed the help. But look at me. I was taught from earliest infancy to live as a gentleman; that my word was to be my bond; that I was to say my prayers, go to church, take Communion and so on. I went through Oxford, took my degrees, was called to the bar and eventually became a judge. Pastor, nothing but the grace of God could have caused me to admit that I was a sinner on a level with that burglar. It took much more grace to forgive me for all my pride and self-deception, to get me to admit that I was no better in the eyes of

God than that convict that I had sent to prison.

(Courtesy of The Puls)



People, places, events at Oak Knoll



LCDR R.A. Becker, MSC, Branch Clinic Alameda OIC presents a citation for the Navy Achievement Medal to HM2 Michael Richardson "for professional achievement in the superior performance of his duties while serving as Preventive Medicine technician in the Medical Department in USS Proteus (AS-19) from July 1988 to August 1990." (Official Navy photo).

Becker also presented a citation for the Navy Achievement Medal to HM1 Virginia Sisson "for professional achievement in the superior performance in her duties while serving as the leading petty officer for the Manpower Management Division, Naval Research Institute, Bethesda, Md., from May 1987 to June 1990." (No photo available).

Both Richardson and Sisson are currently stationed at Branch Medical Clinic, Naval Air Station, Alameda.



Victoria Cheatham (Right) joins Martha Reynolds (Left) in cutting the cake on the occasion of their retirement from NHO. Cheatham retired with 32 years service, Reynolds with 21.



Congratulations JO2 select Stephen Brown of Oak Knoll Public Affairs. He was aboard but a short time, but left his mark. His initiative, "can do" attitude and professionalism will be sorely missed while he's TAD to USNS Mercy (T-AH 19). Our loss is the hospital ship's gain, but we'll hold his place on our family tree. He's a special person who belongs to our special place, and we wish him God speed. (Capt. Noel Hyde (left) presents Brown with a Letter of Appreciation). (Photo by A. Marechal-Workman)

Desert Shield update

Letters from the Middle East

Many of our comrades are still out in the middle of that "deep blue sea" experiencing life aboard USNS Mercy, while others are trekking around in the Saudi sand getting used to unfamiliar environments. When they aren't doing casualty drills or performing their assigned duties, they have free time. Some have had the opportunity to take a peek at a land that many of us have glimpsed only through our televisions. All are thinking about home and NHO.

Reproduced here are excerpts from two of those letters...

"I would like to thank the Naval Hospital Oakland per-

sonnel involved in getting us T-shirts and mugs — knowing our parent command still hasn't forgotten us. It is not what you gave us that lifted our morale, it is the thought that makes it. Many of my co-workers here in Saudi Arabia from different commands were jealous about it. We're still looking forward to our return to NHO..." (A corpsman in Saudi Arabia)

"Today, November 7, 1990, the Secretary of the Navy visited the Mercy. He was dressed all casual in Levis and a flannel shirt... Neat guy. He visited Casualty Receiving, Radiology, Surgery, etc..." (A sailor

aboard USNS Mercy)

As much as we are wondering what life is like for our deployed shipmates, they are curious about life back home. We will do our best to continue correspondence flowing. While they are away, we will keep you informed by publishing excerpts from various letters. If anyone has any excerpts they would like to share, please bring them to the Public Affairs Office, Building 73C or call HN Melinda Bernard at 3-5918. If you're aboard the Mercy or in the desert, we miss you and we would love to hear from you. If you have any time, please drop us a note and let us know how you're doing.



HN Janet Fernandez boards a United flight that takes her on the first leg of her journey to the Middle East. Fernandez was part of a group of NHO sailors airlifted to USNS Mercy on December 14. (Photo by A. Marechal-Workman)

Mars Station: A first at NHO

Would you like a job in radio? Do you dream of thousands of people listening to every word you say over the radio? Do you find yourself driving aimlessly on freeways just so you can talk to truck drivers with Citizens Band (CB) radios? Maybe Naval Hospital Oakland (NHO) has the cure for you.

The first ever Military Affiliate Radio System, MARS, for NHO is under construction. Volunteers are needed to run the station when it is ready to operate.

MARS is mostly known for "phone patches" whereby service members deployed overseas or aboard ships can talk to relatives or friends back in the states. The state-side MARS radio operator connects their radios to the

telephone system. The deployed service member is the one who originates this service.

Another service provided is called "MARS GRAM" — a free-of-charge written message of up to 25 words that can be sent by either party (service member or friend/relative/dependent). In other words, phone patches are "collect calls" charged to the receiving party from the stateside MARS operator's location.

But this is only the secondary mission of MARS. Its primary mission is to provide the Navy with disaster/emergency communications on a local, national, and international basis. During recent disasters, the Navy-Marine Corps MARS has provided much needed up-to-date information to local, state and federal agencies, as well as health and comfort phone-patches, to deployed service members reassuring them about their family's safety.

During the Bay Area quake, NHO learned a lot about efficient communications, about how the hospital could provide services to local and state agencies. With the same MARS radio equipment, the NHO MARS station can link up with RACES (Radio Amateur Civil Emergency Service), ham radio operators running radio equipment on emergency power. They operate at such locations as civilian hospitals, police and fire stations and Red Cross centers. Other agencies like O.E.S. (Office of Emergency Services), F.E.M.A. (Federal Emergency

Management Agency) and the N.D.M.S. (National Disaster Medical System) can also be linked.

The MARS/RACES station can be lots of fun, too. During Armed Forces Day and the annual field day exercise, the MARS/RACES station operates 24 hours a day, for up to three days, making as many radio contacts as possible. Normally the station operators break up into teams and operate the radio equipment in shifts. Many world-wide contacts can be made and the station can win awards and help in promoting amateur radio. Training can also be provided in such topics as radio, electronic theory, international morse code and radio operation principles.

Our MARS/RACES station needs highly motivated individuals, willing to spend time to acquire their amateur radio (HAM) license and spend several hours a week in the MARS station running the radio equipment. For further information contact Fred Perca, head of the NHO Communications Department, at ext. 3-5891 during normal working hours.

Oak Knoll patron celebrates with Santa Claus. (Photo by A. Marechal-Workman)



Oak Knoll Christmas 90

"Deck the halls with boughs of holly...tra la la la LA..." caroled revelers at Club Knoll on December 14, during Oak Knoll Christmas festivities.



MS3 Rhonda Bober (left) and HM1 Kim Ross sit on Santa's lap while HM1 Mariann White looks on. A very happy Santa is portrayed by HMCS (ret.) Mike Mahoney. (Photo by Andree Marechal-Workman)



(From left) Dorothy Vuksta, Stephanie Osborne and Lt. Linda Brown-Vidal, NC, enjoy a delicious holiday fare. Vuksta's and Osborne's husbands (Capt. Michael and Capt. Richard, respectively), are aboard USNS Mercy; Brown-Vidal is a Navy recruiter. (Photo by A. Marechal-Workman)

Dental Corner

Natal teeth and other dental abnormalities in the newborn

By LT Robert Weber, DC

One baby out of 716-2000 is born with "natal teeth," (teeth already present at birth). Of these, 85-95% are lower primary incisors. The cause of the teeth's eruption is unknown, but it appears to be congenital, as siblings or other near-relatives often have similar histories.

Natal teeth can be distressing to the newborn parents and physicians because they fear the tooth might be aspirated, or that it might interfere with nursing. Although it is often requested that the tooth (or teeth) be extracted, it is not usually necessary, unless the tooth is very mobile. In fact, extraction isn't advised because these teeth play an important role in the growth and eruption of the remaining primary incisors. In turn, these teeth directly influence the distribution and eruption of the permanent teeth.

Natal teeth tend to be somewhat mobile because the root hasn't yet fully

developed. Within a relatively short time, the prematurely erupted tooth will stabilize, and the other teeth in the arch will erupt. Infants can often be conditioned not to bite during suckling, but if breast feeding is too painful for the mother, using a breast pump and storing the milk are recommended.

Sometimes, small white or greyish-white lesions on newborns' gums are misdiagnosed as natal teeth. The lesions are usually multiple, and are remnants of embryonic tissue from various developmental processes. "Epsteins' Pearls" are found along the roof of the mouth. "Bohn's nodules" are formed along the outside and inside of the dental ridges, and are believed to be remnants of mucous gland tissue.

Dental lamina cysts are found along the crests of the dental ridges, and are remnants of the tooth germ precursor. No treatment is indicated for any of these abnormalities since they will spontaneously regress in a few weeks after birth.

Civilian News

Equal Employment opportunity

By Weldon Miles, Deputy EEO Officer

The workplace equal opportunity climate plays a large part in the day-to-day work life of employees. How we are treated; how our work is measured; how awards and promotions are offered and who is hired are areas applicants consider in addition to pay and benefits.

Naval Hospital Oakland (NHO) is one of the few Navy facilities where women employees are in the majority. Well represented in supervisory and managerial positions, women continue to show improvement in all areas of EEO concerns. More than 10% of NHO's staff members are individuals with handicaps and vet-

erans who are manning some of the most responsible positions within the command.

Monitoring of the discrimination complaint contacts reveals that managers and employees are able to resolve issues in 99% of complaints filed within the command. This is over 14% higher than the Navy average, and is directly attributed to positive management personnel and their concerns for providing a hostile-free work environment. The willingness to communicate on the part of both manager and employee is essential to resolve issues of alleged unfair treatment.

The command continues to place special empha-

sis on the recruitment and hiring of qualified Hispanic individuals. This effort is in concert with the Chief of Naval Operations 5-point Program to achieve a full representation of Hispanic employees in the civilian workforce by 1992. NHO is now only .2% away from parity and we commend all our staff members for helping us reach this level.

Equal Employment Opportunity means making employment decisions without regard to a person's race, color, age, gender, religion, ethnicity, or non-disqualifying handicapping condition. At NHO, equality is not only the law, it's one more distinction of excellence.

Civilian pay reform bill signed

By Constance Berry Newman

Dir. Personnel Mgmt. WASHINGTON, D.C.

— President Bush has just signed into law a bill to reform the Federal pay system for white collar workers. The new law is the result of a cooperative effort on the part of Congress, the Administration and Federal employee organizations. It developed from a common understanding that our old inflexible pay system was unfair to our current workforce and was threatening our continued ability to recruit and retain the best.

The new system is flex-

ible and market-sensitive. While it retains the general schedule, it changes fundamentally the way General Service pay rates are adjusted. The schedule will be adjusted each January, based on changes in the national average cost of labor (Employment Cost Index). Beginning in 1994, there will also be adjustments based on the differences between Federal and non-federal salaries in local areas. This will help make the government a competitive employer in all parts of the country.

The law also provides a variety of new pay authorities. For example, it provides for recruitment and

relocation bonuses and retention allowances to deal with especially difficult staffing problems. There are also some immediate relief measures to provide help for the most acute problems until the new system is fully in place.

I believe the new pay system will provide fair, equitable and cost-effective means of compensating Federal employees for the critical services they provide to this Nation. It will also assure that we continue to attract men and women of the highest caliber. More will be heard about the new system as implementation proceeds.

Bravo Zulu PSD Oakland

PEARL HARBOR, Hawaii — Pacific Fleet Personnel Support Detachment (PSD) of the Month for August '90 is PSD Oakland. This selection was a result of their exceptional efforts on behalf of Desert Shield deployments.

With only a two-day notice of the imminent deployment of USNS Mercy (T-AH 19), the Detachment diligently worked straight through the weekend. Their work entailed a variety of services ranging from transferring 600 service and pay records, to providing direct deposit systems and allotment starts to more than 200 service members in one day.

A complication occurred when 200 personnel from various commands were subsequently returned ashore

prior to the Mercy's departure, with all records delivered to PSD Oakland. The Detachment immediately provided transportation arrangements that returned individuals to their appropriate commands.

On August 27, the second wave of 50 personnel departed Oakland to join the Mercy overseas. The officer-in-charge addressed members and dependents at a pre-deployment briefing, providing information and answering questions regarding entitlements and benefits.

In addition, PSD processed 291 reservists from various reserve centers. Many of these reservists arrived from geographically separate units and reported with virtually

no completed documentation — some arrived with no service records whatsoever. Yet the Detachment completed all mobilization actions and was able to include the majority of the reservists in the August 31 payday.

The dedication and willingness to assume a greater share of the remaining workload of PSD personnel made it possible to accomplish these monumental tasks with a minimal disruption to routine business.

The devoted and highly professional team effort displayed by the personnel of PSD Oakland (one officer, 11 enlisted and 18 civilians) sets an example to be emulated for customer service and command support.